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LEADING ARTICLES

ERRORS IN MEDICINE AS A SCIENCE.

JOSEPH CLEMENTS, M. D.

KANSAS CITY, MO.

Member of the American Association for the Advancement of Science, etc.

THESE errors are to be seen both in the basic principles, and in the nomenclature used in general medical literature, the later, however, unnecessarily exaggerating the former, thereby tending to their perpetuity. This is a serious bar to medical progress.

It is certainly a disquieting fact that medicine as a science does not keep pace with the other branches of general science in the advancement which distinguishes the last two decades, for instance, astronomy, physics, and chemistry. In the art of medicine, surgery in particular, brilliant strides have been taken and marked progress achieved, while in the science of medicine, that is, in the basic principles giving knowledge of diseases, and on which principles and procedure in therapeusis are founded, in this medicine is in the background, and the cult not in the highest repute. Permit the evidence of the above as a statement of the facts in the case.

The only, and therefore correct and scientific basis or foundation in medicine is, in the language of Virchow, "an objective picture of the nature of the vital processes," or, in other words, to see nature at work, and to think of nature as nature operates the organic phenomenon.

Organic processes and functions are not operated, or "run," by external factors of any kind, the organism operates itself, it is automatic. Its potentiality is inherent, it has its own vis a tergo, and vis a fronte. Vis medicatrix naturae is the sovereign potentiality and active agency in all therapeusis, nor does the organism share the onus or the honors of therapeutic achievement with any of the factors which may play a part in the comedy or tragedy enacted within the vital domain—nature's forces being sole as well as sovereign within her own domain. All external things, whatever part they play, are contributory, are adjuvant, ancillary to the organic forces and activities—nothing more. Organic potentiality is inherent, an endowment of the germ or seed, and is in active operation in physiologic respiration in the earliest or incipiency of organic existence. All the tissues and organs of the body, with their activities and functions, come into entity and into active operation by the potencies and activities originating and proceeding, and having basis in the physiologic respiration of the germ. The initiation in evolution of the given organism takes rise in response to the causal factorship of the environments in the primal activities, being dominated and governed by the hereditary potentialtiies of the organic germ. Organic life, the organic phenomenon, originates de novo as to external things, yet is dependent upon factors external to itself, these being conditions in initiation of activities and functions, influencing and modifying their processes, and, as already said being adjuvant and ancillary in their role and part.

Now, it is the province of medicine as a science to distinguish these facts in the ultimate and primal of the organic phenomenon, establishing the principles of its science and art on this as its foundation. All conception of disease, all diagnosis of present conditions, and institution of measures in interest of threapeusis must arise in view of these basal and primal facts, and in non-recognition of these we surely err and stray. Not having this picture of the nature of the vital processes limned and clear attempt to manipu-

late these vital processes in medical interference one is working in the twilight if not in the dark.

I have endeavored to make it apparent that the operative potentiality and agency are in a sole and sovereign sense those of the organism itself. Yet while it is automatic, self-operative, its phenomena are not without cause, and in a very practical and external sense. Organic processes and functions may only be said to originate de novo in a special and relative sense. Organic life and evolution are only possible under certain conditions, and suitable temperature, nutrient supply, with other environmental factors are the conditions and causes of organic processes in this evolution. These are, however, only conditions and casual factors, being adjuvant and ancillary to the sovereign operative agency the organic processes and functions themselves.

There can, therefore, be no "germ" of disease, scientifically speaking, nor "remedies" therefore. The remedy is within. These terms, used as they are by the thoughtful physician in a general sense of accommodation are, nevertheless, unscientific because inexact and also misleading. Strictly and scientifically speaking, and according to the facts in the primal processes, the organism originates its own diseases, for disease is not an entity, it is a process, a congeries of organic activities which are an aberration, a departure from and perversion of the normal operations and functions. No external factor can be other than conditionally causal, or secondarily contributory to the organic factors, processes and functions. The organism originates and operates its own factors and functions, utilizing the external environmental factors in its activities to this end.

First and foremost, then, it depends primarily upon the organism itself whether it may be put into the conditions and activities designated disease. A dead person will not respond, and no disease phenomena may be induced. To a patient "too far gone," may be called the great physician, who may have all skill and never failing remedy, but he stands powerless, and admits that he was called a "day too late." The organism is supreme! it is sole and sovereign here and in this, and equally in disease as in its "cure."

Certain environments and causal factors are known to be followed by disease in persons exposed to their influence, and the rational inference is that a casual relation exists between them, the malady was so caused and induced. These facts are observed with a degree of uniformity so as to establish the relationship. The uniformity is not perfectly constant, in many instances no results follow the exposure, but enough to maintain the autonomy of the vital organism. Some doctors and nurses serve in contagious conditions and never respond, while others yield at once, or soon. And in those who yield or succumb the response is varied. The cause no way varying, yet the results of the response to the infection are as varied as the victims vary.

There is a very interesting article in American Medicine for August, by Prof. Willis P. King, which both illustrates and points the matters discussed in this paper. The doctor cites seven cases of "syphilis," all doctors, which he had treated. The malady was identical in all the cases, with primary lesion, secondary irruptive stage, and followed by the so-called "tertiary" lesions and stage or phenomenon. In two of the cases mercury was used in the second stage, and these recovered, no mercury was employed in the other five and they died. The notable thing is that none of the seven doctors had been exposed to the infection of syphilis, Dr. King being one of them, and all had been exposed to the infection of cancer. Five of the men refused to take mercury because of their non-exposure, the five that died.

Now, if there is a "germ" of cancer all these should have had cancer! They each responded to the cancer infection by means of an abrasion of their fingers while treating cases of cancer, and there was the "primary sore."

Also if there is a "germ" of syphilis these doctors could not have had the disease they suffered and died of, for all were "classical" cases of syphilis. As we have seen, five resented being considered and treated as syphilitics, and I suppose died martrys to their faith and sense of honor.

And here we reach the point of special interest. Dr. King says: "I have always held that all of the contagious or infectious diseases originate de novo, etc.," and I believe the doctor is correct in the position taken, and think this discussion may afford some light on the perhaps necessary proviso or explanation.

It is a fact that with a degree of uniformity the administration of mercury is followed by response in therapeusis that is, a degree of certainty in response, and of uniformity or sameness in the general character of the results—a more or less return to health. However, there are limitations here. The response is varied as the characteristics of the patient vary, but enough of uniformity and constancy is found to constitute the drug in the nature of a specific. There are a few other

drugs of this character that are almost to be designated specifics because of the uniformity and certainty of their action, and of the response elicited. Especially is this found in the alkaloids, given single or cautiously combined. Aconitine will astonish the man who has been using aconite in tincture or otherwise, as also calcium sulphide, and iodide, and the single salts of the hypophosphites. Our more exact knowledge of the nature of the vital processes render imperative and vital agents of exactness and certainty by which we are to manipulate and guide to our will those aberrant, yet so intricate and complex activities and functions. The exact, the precise, the uniformly certain in action and response attained, in the matters of life or death with which we deal, should surely take precedence of the crude and polypharmic of the times that should be winked at.

Of a few alkaloids and glucocides, and a few salts, properly isolated and prepared (and the highest possible grade of scientific pharmacy is here demanded) there has been secured such uniformity and specificity of drug action that certainty of organic reply in measured and precise modification of vital action as to both astonish and reward the scientific man at the helm of this vital barque. And the whole phenomenon of drug action, and all other measures adopted in threapeusis, when traced to their ultimatum, do but evidence and establish the fact and principle of the sovereign part and place of the organism itself both in the origination and effective operation of disease, and in those processes and functions by which return to health is achieved. The arrest of the aberrant or disease processes is effected by the action of the drug, purely chemical in the onset, the effect of which is the modification, or it may be radical change in the direction of the primary forces and activities, the nature and quality of this modification of vital motion being determined so largely by the chemistry of the drug.

Iodid of potassium is believed to be and doubtless is a really casual and operative factor, in initiating such chemical reactions as disintegrate the molecular compounds of the injured and destroyed capillaries forming the irruptive lesions of the later stages in syphilis, rendering feasible and aiding in the elimination so imperatively needed. But to say that "iodid of potassium not only dilates the capillaries, but it extends them to points and areas needing new blood" lands us again in the region of error, and leaves us groping in the twilight or in darkness. In a science of medicine according to the facts the drug simply undergoes disintegration, under the new environment, initiates and is a factor in chemisms now ensuing, and is eliminated as debris, or otherwise disposed of. This settles, doubtless, the account of the drug. What may follow and accrue upon this is to the account of the organism in its own factors and processes. Iodid of potassium has no physiologic action, or lethal or therapeutic, it is wholly chemical, as it is simply an isolated chemical compound. The physiologic, or therapeutic action is wholly organic, modified as may be by the chemic action of the drug.

The vital picture shows removal of the defunct and destroyed capillaries, in which chemical reaction the drug was a factor. But construction of new arterioles and capillary endings is no repair in the way of patching or adding on, as it must be with iodid of potassium as agent, or even as a factor in it. Repair, as in all primary evolution or development, is by growth, and originating in centers of life, intracellularly—from within out, centrifugal. Tissues do not form tissues, much less do drug compounds. The construction of tissue in therapeutic restoration is the primal function, effected intracellularly, cognate with and issuing or coming into entity in the vital metabolism.

In a phenomenon of the metaphysical and exact nature and character of that with which medicine deals, the utmost scientific exactness and clearness in knowledge of the facts in the phenomena, and in the terms used in description and interpretation, is vitally important and imperatively demanded.

In varicose veins inject twenty drops of hamamelis tincture behind the vein; whilst the vein is being lifted up with a fold of the skin. One injection will generally produce a cure; the after treatment is simply rest.

The number of horses slaughtered for food in public abattoirs in Germany during 1905 was 15,522 more than in 1904, the numbers being 96,834 in 1905, against 81,312 in 1904.

The nut trees of the world could, it is calculated, provide food all the year round for the population of the globe. Brazil nuts grow in such profusion that thousands of tons of them are wasted every year.

When the floor of the operating theater of the old hospital at Canterbury, England, was torn up the other day, the rings were discovered through which were passed the cords for tying patients down on the operating table prior to the discovery of anesthetics.

A TYPICAL "CHAUFFEUR" INJURY.*

OBERARZT DR. RICHARD MUHSAM,

From the Surgical Department of the City Hospital Moabit in Berlin.—Direction of Geh. Rat. Prof. Dr. Sonnenburg.

The automobile, the modern speed wagon, has already led to a certain kind of injury to the chauffeurs who drive these wagons which looks like a classic injury. Lucas Championniere, Ghilleni, Walther and Madelung have described a fracture of the lower end of the radius, occurring when the chauffeur attempts to start the motor of his machine. In starting a machine the chauffeur grasps hold of the crank handle with the right hand and whirls it around until the machine starts working. If the machine starts quickly, it reverses the crank handle suddenly; as is

Fig. 1.

wellknown to all automobilists this sudden reversal of the crank is responsible for the acccident, which I have twice observed.

Both patients were 20 years old, strong men, each noting a sudden pain in the right wrist after the crank handle had suddenly reversed. The first patient had a typical fracture-pain over the end of the radius, slight crepitation but no deformity.

It looked like a typical fracture of the lower radial epiphysis. The second patient showed a decided deformity. The right hand was turned dorsal-ward and ulnarwards, and the lower end of the radius was pushed to the volar side and was felt right under the skin as a sharp protruding point. The fragments were separated, forming a dislocation

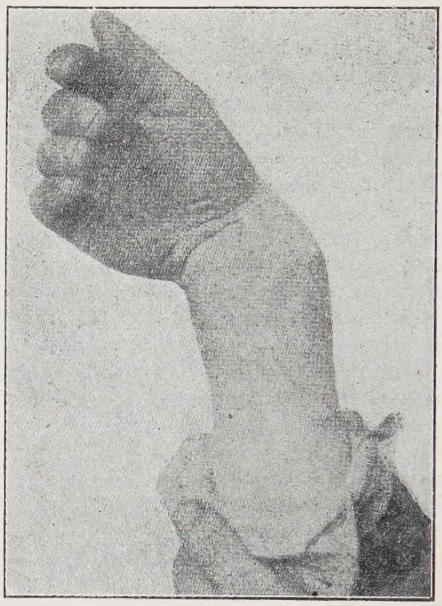

Fig. 2.

ad longitudinem. These findings were verified by the X-ray. The X-ray also showed the ulnar pushed backwards and towards the

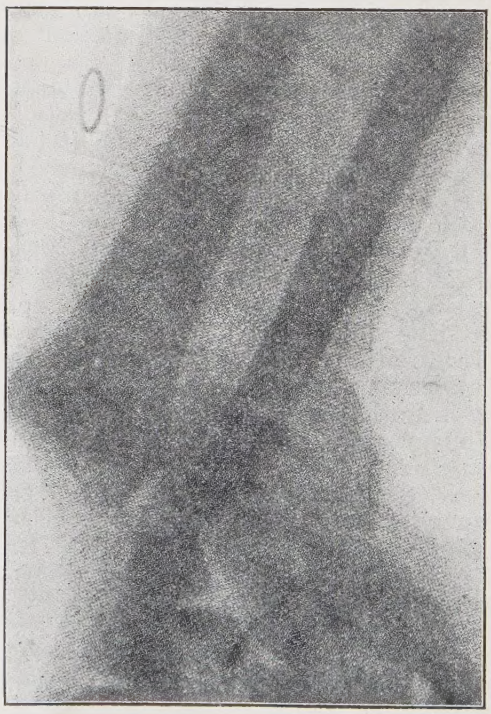

Fig. 3.

*Translated from the Deutschen Medizinischen Wochenschrift, 1906, No. 28, by R. B. H. Gradwohl, M. D.

thumb. By strong pulling, the dislocation was reduced, and the hand placed upon a splint with the bones in correct position.

Both patients returned to their respective physicians and I have not seen them since. Presume that union took place without incidents of note.

Lucas-Champonniere has divided the mechanism of the fracture into divisions, first, direct fracture through the blow and force of the reversing crank handle striking the lower end of the fore-arm, and secondly, the indirect fracture by the blow in hyperextension (fracture par arrachement). Both are frequent. It is but seldom that the fracture occurs by a push against the ball of the

Fig. 4.

hand-compression-fracture—and by present pressure and counter-pressure through attempting to stop the reversal of the crank handle. Walther claims that a fracture of of the lower end of the radius can occur through tearing.

Ghillini thinks that the fracture occurs by reason of the lower epiphysis of the radius being pushed against the carpal bones without any intervening elastic cushion to break the force of the blow. The ulna is more protected by ligaments than the radius which is moreover tightly fixed in position by the ligamentum interosseum. If a break does not occur, the force spends itself at the elbow where there is pain. The fracture is either a clean break or the smaller fragments are dislocated, or there is a break with bending, or even a comminuted fracture. Madelung thinks that the break occurs because the hand is in strongest dorsal flexion and the sudden reversal of the crank handle causes the end of the radius to be torn off.

When we think of this fracture from a pure theoretical standpoint, we must divide them, as does Lucas-Champonniere, into direct and indirect fractures. If the chauffeur loosens his hold slightly at the moment of reversal of the crank handle, there is a fracture. Both bones of the fore-arm can be fractrued in certain cases. If the chauffeur is holding tightly to the handle, the fracture occurs, dependent upon the exact position in which the handle is at the time of the reversal—the hand is in hyperextension and the hand is flexed dorsalward. The forearm is at this moment in strong backward motion, and there is consequently a fracture with dislocation. If the handle is below and towards the left (turning) then there is a fracture by tearing off of the end of the radius, as in my first case. If the reversal occurs when the handle is up at the top of the circle of its motion, going towards the left in its descent, there is a fracture, as described by Walther.

I believe that the severity of the fracture depends upon the kind of mechanism that produces it. If the reversal occurs when the hand is moving towards the top of the circle made, then the dislocation is greater than if the reversal occurs at the starting point of the circle made by the crank-handle.

There is not much to say concerning the prognosis and therapy. Fixation upon a splint as in the treatment of similar fractures of therapeusis followed by good results, together with gentle massage.

As to prophylaxis, the chauffeur should watch this process of starting the machine and observe the size of the spark. The automobile manufacturers should devise some less dangerous method of getting their machines in action.

THE SOUTHERN MEDICAL ASSOCIATION.—The Tri-State Medical Society of Georgia, Alabama and Tennessee has been merged into the Southern Medical Association, which embraces Mississippi, Louisiana, Georgia, Tennessee, Alabama and other Southern States. The election of officers resulted as follows: President, Dr. H. H. Martin, Savannah; vice-presidents, Dr. Mack Rogers, Birmingham, Ala.; Dr. J. B. Cowan, Tullahoma, Tenn., and Dr. J. R. Tackett, Meridian, Miss.; secretary, Dr. Raymond Wallace, Chattanooga; treasurer, Dr. Y. L. Abernathy, Chattanooga.

PERITONEAL TUBERCULOSIS.

JOHN McHALE DEAN, M. D.

ST. LOUIS, MO.

In treating the subject of tubercular peritonitis, one is necessarily confronted with the different varieties as well as the various advanced degree of involvement of the peritoneum in given cases.

We may crudely divide tuberculosis of the peritoneum into two classes—primary and secondary. Primary, that is beginning in the peritoneum itself, is an extremely rare disease. Secondary, the more common, is due to the infection of the peritoneum from a neighboring organ diseased with tuberculosis, or through the lymphatic system from a distant organ. In the former case we may have a spread of the disease from the tubes, ovaries, appendix, kidney, bladder, intestines, or mesenteric glands. In the latter case the lymphatics may carry the infection from the lungs, bronchial glands, brain, pharynx, tonsil or the cervical glands. In one of my cases it followed intestinal tuberculosis, in another I obtained a history of the removal of enlarged tonsils and adenoids, and in another it followed tabes mesenterica.

The types of peritoneal tuberculosis may be divided as follows:

(a) Exudative, moist, either general or encysted.

(b) Dry or adhesive.

(c) Ulcerative.

The exudative type is marked by a small or very copious amount of fluid free or encapsulated in the abdominal cavity. The fluid has some characteristics, it is alkaline, slightly viscid, of a yellowish-green color, and contains a small or large amount of blood. On standing a large sediment forms composed of blood, fibrin and coagulum. The sediment when centrifuged, digested with pancreatin and thereby concentrated, sometimes reveals the tubercular bacilli upon staining. It has been my experience seldom to find the bacilli in this way. Injection of the serum intraperitoneally and subcutaneously into guinea-pigs will often produce tuberculosis in these animals. When the tubercular process is not ulcerating we often get negative results from inoculations.

The dry or adhesive type is marked by the absence of fluid and the presence of more or less adhesions between the intestines themselves and the parietal peritoneum, the liver, tubes, ovaries, bladder and uterus.

In some cases of this type the adhesions may be so extensive as to almost obliterate the abdominal cavity and any attempt to disturb same would cause injury to the intestines.

The ulcerative type does not differ materially from a lupus of the skin. The primary foci will almost invariably be found undergoing this ulcerative process. From this ulcerative nucleus the entire peritoneum is infected, and frequently this form is only an early stage of the other types.

The organs in the abdomen most commonly selected for the primary foci are the fallopian tubes in the female and the appendix in the male. Why this fact so often confirmed on the operating-table is true is a point to be explained by conjecture. Possibly the anatomical relations coupled with the absence of an abundant supply of air or the poor natural drainage of the parts may be predisposing factors. Whatever the explanation may be the surgeon would be guilty of gross neglect if he failed to examine these parts in his search for the primary foci, and if found to be the starting points they should, if possible, be removed. That the chance for recovery is greatly enhanced if the primary foci are removed is borne out by Mayo in his remarks on this subject. It does seem only rational that were we to leave the fountain or source of the tuberculosis undisturbed, that it should subsequently become active.

It is a common experience of the surgical pathologist connected with large hospitals to find many an apparently innocent appendix removed for chronic inflammation to show tuberculosis. Further, how many of us have operated on pus-tubes and been surprised to find them studded with miliary tubercles?

Symptoms.—The symptoms are as peculiar as they are variable. The disease may begin as a case of acute appendicitis, or as a case of acute salpingitis. It may continue as an acute affection for weeks when the symptoms disappear almost entirely, but the patient complains of some discomfiture and vague pains. Anemia and emaciation continue in spite of internal medication, when gradually an exudate begins to form in the abdomen. The physician first suspects tuberculosis when this is detected. Noting the temperature we may find it normal, subnormal, or evening rise. The respiration is accelerated and the pulse is invariably rapid. Should examination disclose pulmonary tuberculosis the diagnosis becomes clear.

Pain.—This may be a prominent symptom in some cases, and then again it may be almost absent in other cases. In the dry or adhesive types we find it constantly present, and is often described as excruciating. The degree of seve ity in this type is laregly dependent on the distension of the intestines

with gas, and when the same is expelled relief is obtained. In the exudative type the pain is slight, or may surprisingly be absent. In the ulcerative type the pain is of moderate intensity. I have seen cases of this type where the pain was not complained of, but by deep palpitation painful zones could be made out. Cases of tabes mesenterica are seldom accompanied by pain, unless some other complication is present. An exudative type I operated showed pain only on deep palpation.

Temperature.—In the beginning of the disease temperature is noted, but after weeks duration, the temperature may disappear, or only show evening exacerbations. Some cases are accompanied by no temperature, only evening rises, or by subnormal temperature. The most extensive exudative type I have had the opportunity to closely observe never showed an elevation of temperature, but occasionally showed subnormal temperature. A case of tabes mesenterica under my care at the present time constantly shows a perfectly normal temperature. A dry or adhesive type I have observed constantly showed temperature with evening rises. We must conclude, that though temperature may be present, it is nevertheless a strikingly inconstant symptom.

Pulse.—The pulse is invariably rapid, and and does not differ from other tubercular affections in this respect. Should temperature be present, the rapidity is out of proportion to its elevation. It may be described as a rapid, small, weak pulse. The pressure is generally low. Irregularity is noted towards the decline of the disease. As an index as to the condition of the patient I have found it the most reliable symptom.

Bowels.—There may be no disturbance in regard to the bowels, and then again, the symptoms may be prominent. The dry or adhesive type of cases generally show marked constipation, or if the intestines are involved, diarrhea is a prominent symptom. The pure exudative or ulcerative types frequently show a perfectly normal intestinal action. Frequently the dry type gives marked symptoms of intestinal obstruction due probably to adhesive bands or paresis. This type has often been discovered by the surgeons when called to operate on cases of intestinal obstruction. In cases of persistent diarrhea we must strongly suspect intestinal involvement by tubercular ulceration. Examination of the stools macroscopically or microscopically will reveal the presence of blood, when ulcers of the intestines are present. Examinations of the stools in pure uncomplicated types shows nothing abnormal.

Stomach.—A curious fact about these cases is the appetite. It is invariably good; or I may add, in some cases abnormally good. Vomiting, except at the onset, when the case is considered appendicitis or salpingitis, is not generally present. At the onset vomiting is present with fever, pain and rapid pulse. Seldom is a case diagnosed until it has reached the chronic stage.

Blood.—The hemoglobin is diminished, the white blood corpuscles are increased, and the red blood corpuscles are generally decreased. Should intestinal ulceration result in perforation (as occurred in one of my cases) the white cells are very markedly increased in number.

Urine.—If the patient is febrile, then naturally the quantity is diminished, otherwise there is no alteration in quantity.

Traces of albumen, with possibly a few hyaline casts, may be present, due to the accompanying anemia. Indican is present in large quantities. Should there be tuberculosis in the urinary tract, then serious alterations in the urine would be noted. The diazo-reaction is present in severe ulcerative types, and absent in other types, and as a diagnostic point is of little value.

Diagnosis.—It seems impossible, clinically, to differentiate tuberculosis at the onset from acute appendicitis or acute salpingitis, and when such an achievement is made is generally on the operating-table.

In any chronic peritonitis where no definite cause can be found we must not fail to consider tuberculosis in the etiology.

Tuberculosis of the peritoneum is then essentially a chronic disease, and, therefore we must differentiate it from similar chronic diseases. Attention should be paid to its salient symptoms, and careful examination of the patient should be made.

Examination of the abdomen will reveal an exudate, and probably some enlarged mesenteric glands. Rectal and vaginal examination may reveal the presence of an enlarged appendix, fallopian tube or ovary, the probable foci of the disease. The rectal examination in the male may further disclose some prostatic tuberculosis. In one of my patients, a young girl, it was possible to detect tuberculosis in the tubes as the focal point of tubercular peritonitis by rectal examination.

The dry type may closely resemble intestinal obstruction, but by persistent efforts we can succeed in getting the bowels to move.

From cirrhosis of the liver tubercular peritonitis can be plainly and clearly distinguished by tapping.

Localized tubercular exudate could only be confused with ovarian cystomata. A freely movable tumor, without pain, fever or constitutional disturbances whatever, marks ovarian cystomata as a condition not difficult to diagnose. Further, the history of slow growth, proceeding from one or the other side, aided by vaginal examination makes clear the diagnosis. It has been my experience sometimes with ovarian cystomata to have the patient tell me tnat the growth was discovered accidentally. Such would not be the case with tubercular peritonitis.

Nevertheless, after all the symptoms have been considered, and still the diagnosis is doubtful we should draw off the fluid and inject same intraperitoneally and subcutaneously into guinea-pigs, and observe the symptoms produced in these animals. The prodromal period may vary from ten days to six weeks, and therefore the animals should not be too hastily killed. The autopsy of the animals may reveal tuberculosis has been inoculated in these animals. Microscopic examination of the new tubercular tissue, thus produced should be made and a sectional stain for the tubercular bacilli. If we are successful in these experiments we can make our diagnosis without doubt. Still it often happens when the tubercular process is not ulcerating that these experiments are negative, we are then forced to rely on the tuberculin test, i.e., the injection of tuberculin in patients with the view of getting a reaction like the veterinarians obtain in cattle. This is noted within twenty-four to forty-eight hours by chill, fever and marked constitutional disturbances.

Should all tests and examinations still shroud the case in mystery we should for the benefit of the patient, and incidentally for ourselves, perform laparotomy.

Prognosis.—This naturally depends on the advanced stage of the disease, and whether other organs are involved. In cases accompanied by pulmonary tuberculosis the prognosis is bad.

In cases operated on the percentage of recoveries may be roughly placed at 50 per cent. Some report cases of spontaneous cure. This must be admitted as a possibility, but certainly it appeals to me as not only an unscientific, but also as an inhuman method of procedure to allow these patients to go without operation.

Treatment.—The treatment is easy of adoption. Open the abdomen, allow all the fluid to escape, dry the abdominal cavity with gauze, remove the focus or starting point, sew up the abdomen without drainage are the condensed steps of procedure in operating on cases of tubercular peritonitis.

If expedient never neglect to remove the foci of the disease. Never drain these cases, for you are almost certain to get a fecal fistula following. It is not necessary to irrigate with salt solution, while it does no harm, and it accomplishes little good.

Medicinal Use of Eggs.—For burns and scalds there is nothing more soothing than the white of an egg, which may be poured over the wound. It is softer as a varnish for a burn than collodion, and being always at hand, can be applied immediately. It is also more cooling than the "sweet oil and cotton" which was formerly supposed to be the surest application to allay the smarting pain. It is the contact with the air which gives the extreme discomfort experienced from ordinary accidents of the kind, and anything which excludes air and prevents inflammation is the best thing to be at once applied. The egg is also considered one of the very best remedies for dysentery. Beaten up lightly, with or without sugar, and swallowed at a gulp, it tends by its emollient qualities to lessen the inflammation of the stomach and intestines, and by forming a transient coating on these organs to enable Nature to assume her healthful sway over the diseased body. An egg taken like an oyster, with pepper and vinegar, has been known to be retained on the stomach when everything else has failed.

The Value of Spinach.—The French call this homely vegetable the scavenger of the stomach, and now our own medical men are awakening to its wonderful medicinal properties. It contains salts of potassium, iron, and other things which conduce to a good complexion, long life, and cheerful disposition. The man with a disordered liver, and the woman with a bad complexion, should contract the spinach habit, and these things will be rectified. This article of food contains more iron to the square inch than the most renowned ferruginous remedies. So convinced has the medical profession become of the value of the once despised spinach that it is said to be an important factor in several new and popular tonics. The iron in spinach is easily assimilated, and the vegetable is easily digested. The fact that spinach has such a remarkable effect upon the complexion will recommend it to the girls, and its beneficial effects on the liver will recommend it to the men. In short, the virtues of the vegetable are so numerous that it would take a long time to tell them, but if the spinach habit grows to anything like proportion reached by the breakfast-food fad, we shall shortly turn into a strong, iron built, fresh complexioned, antibilious nation.—Health.

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THOMAS A. HOPKINS,
Managing Editor.

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Editorial Rooms, Suite 319-321 Century Building, St. Louis.

EDITORIAL

The Movement Against Criminal Abortion.

CONTINUING the very effective work inaugurated some months since against quackery and criminal phases of medicine the St. Louis Medical Society devoted the evening of October 13th to a further discussion of abortion. Dr. Nicholson presented a resume of the work accomplished by the society through his committee and the plan of campaign for the future. Dr. Funkhouser spoke on the Present Legal Status of Criminal Abortion in Missouri and indicated legal enactments necessary to a proper handling of the subject. Rev. J. W. Day, Judge Shepard Barclay, Rev. W. C. Bitting and others spoke on the subject. The following proposed amendments to the laws relative to this question were presented, and after discussion it was decided to refer them to the Legislative Committee of the State Association, and to interest every medical body in the State in an endeavor to secure their enactment:

PROPOSED DRAFT OF AMENDMENT OF LAW TOUCHING CRIMINAL ABORTION.

Amended Sec. 1825. Any person who with intent to produce or to promote a miscarriage or abortion, prescribes, advises, gives, sells or administers to a woman (whether actually pregnant or not) or who with such intent procures or causes her to take any drug, medicine, or article or uses upon her, or advises to or for her the use of, any instrument or other method or device to produce a miscarriage or abortion (unless the same is necessary to preserve her life or that of an unborn child, or, if such person is not a duly licensed physician, unless the said act has been advised by a duly licensed physician to be necessary for such a purpose) shall in the event of the death of said woman or any quick child whereof she may be pregnant being thereby occasioned, upon conviction be adjudged guilty of manslaughter in the second degree and punished accordingly; and in case no such death ensue such person shall be guilty of the felony of abortion, and upon conviction be punished by imprisonment in the penitentiary not less than three nor more than five years, or by imprisonment in jail not exceeding one year or by fine not to exceed $1,000 00, or by both such fine and imprisonment; and any practitioner of medicine or surgery, upon final conviction of any such offense as is above defined, shall also be subject to have his license or authority to practice his profession as physician or surgeon in the State of Missouri revoked by the State Board of Health in its discretion, upon satisfactory proof of such final conviction.

PROPOSED AMENDMENT OF LAW TOUCHING CRIMINAL ABORTION IN RELATION TO THE ADMISSION OF EVIDENCE.

Sec. 2635-A. In prosecutions for abortion or for manslaughter occasioned by an abortion or miscarriage, or by an attempt to produce either, or attempted abortion, or for any crime of which abortion or miscarriage may be part of the essential facts to be proven, the dying declarations of the woman whose death is charged to have been caused thereby shall be competent evidence on the trial of any person charged with such crime, with like effect and under like limitations as apply to dying declarations in cases of felonious homicide, provided, that the party offering such declarations shall first satisfy the court by competent testimony that such woman was of sound mind when said declarations were made; and provided further, that no conviction shall be based alone upon such declarations unless corroborated as to the fact that an abortion or miscarriage has taken place and in all such prosecutions aforesaid any physician or medical practitioner who may have attended or prescribed for such woman shall be a competent witness in said cause to testify concerning any facts relevant to the issue therein, and shall not be disqualified or held incompetent by reason of his relation to such woman as an attending physician or surgeon.

The St. Louis Society for the Relief of Consumptives.

SOME weeks since we announced the establishment in connection with the City Dispensary of a Contagious Diseases Clinic which purposed working principally with the victims of tuberculosis, this clinic is demonstrating itself a tremendous success; already better than three hundred patients have presented themselves for diagnosis and treatment, and the work promises to speedily assume proportions exceeding the most extravagant hopes. The development of the situation has accentuated many needs, and to meet some of these it seemed best to those in charge of the movement that other physicians and influential laymen be interested in it. To this end steps were taken to form a society to be known under the above title, a meeting was called at the auditorium of the St. Louis Medical Society on the evening of October 12, and the preliminary steps in organization were taken. Dr. H. J. Scherck was made temporary chair-

man, and Dr. L. M. Warfield temporary secretary; a temporary board was also appointed which is composed in equal numbers of physicians, clergymen and laymen, which shall arrange for the next meeting and the election of officers for the ensuing year.

The objects of the organization are the maintaining of a large nonsectarian society to minister, without charge, to needy consumptives and their families; to maintain a system of visiting nurses for that class of afflicted; to aid tuberculosis victims who are too poor to move into better quarters, in obtaining more healthful abodes; to furnish special diet for those who cannot afford such; to institute home treatment under the supervision of trained nurses; to watch especially incipient cases and to combine them into classes under the charge of physicians; to aid any movement for the purpose of establishing or making use of hospital for advanced cases of consumption, which will effectually segregate the poor consumptives for the protection of the general community; to devise plans to assist and relieve those with surgical tuberculosis, such as hip and spine disease, and in general to foster and carry further the international humanitarian movement to stamp out the white plague.

The following are charter members: Drs. Louis M. Warfield, W E. Fischel, Frank L. Henderson, Wm. W. Graves, J. W. Charles, Geo. M. Tuttle, Robert Barclay, John Green, Jr., H. J. Scherck, F.J. Lutz, J. R. Lemen, W. G. Moore, Geo. Homan, Kenneth W. Millican, Justin Steer, Albert E. Taussig, Greenfield Sluder, Nathaniel Allison, G. Baumgarten, W. A Hardaway, W. C. Sauer, Hanau W. Loeb, Henry Schwarz, Hugo Summa, Jesse Myer, E. W. Saunders, Harvey G. Mudd, Thos. A. Hopkins, D. L. Harris, Ralph L. Thompson; the Reverends Samuel Sale, Leon Harrison, Carroll M. Davis, Naphtali Luccock, Daniel S. Tuttle, L. H. Dorchester, John W. Day, William J. Williamson, Charles S. Mills, W. J. McKittrick, W. C. Bitting, John F. Cannon, S. H. Wainwright, Robert A. Holland, John T. M. Johnston, James Thomas Coffey, J. C. Addie, John J. Glennon, Samuel J. Niccolls, J. H. Young, H. S. Bradley, W. T. Foster, J. N. Fitzgerald, B. T. Kemerer and Messrs. Hanford Crawford, A. D. Brown, Jos. R. Barroll, Lambert E. Walther, Selden P. Spencer, R. J. Newton, W. M. Powelson, N. O. Nelson, Irvin W. Barth, J. Hal Lynch, W. Daviess Pitman, Robert Rutledge, Moses Fraley, Lewis Rosenbaum, Edward F. Goltra, Marcus Bernheimer, H. M. Blossom, Chas. Neidringhaus, Murray Carleton, Homer P. Knapp, Thos. H. McKittrick, D. R. Calhoun, Forrest Ferguson, Clarence N. Jones, A. L. Shapleigh, Francis A. Drew, G. Geitz, John F. Shepley.

The Term "Doctor."

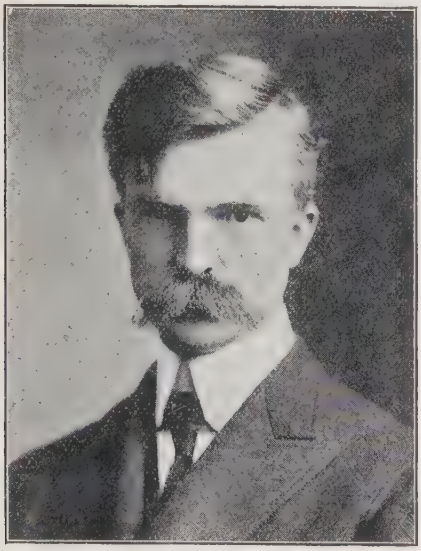
In a recent issue a reader appeared in our pages in which it was stated that the title "doctor" was first used as such in the twelfth century. The editor of the Medical Review kindly calls our attention to the fact that the term was used centuries earlier by Horace and Cicero, and by other Latin writers, with a meaning of master or teacher. Our reader was somewhat clumsily worded; we had not thought that the word originated at the time mentioned, but rather that the academic title was then originated. Speaking of this Dr. Millican says:

"As a university appellation, it was first formally established, it is true, at the University of Bologna, at the instigation of this same Irnerius, or Wernerus, the universities themselves being an evolution from the "schools" of previous ages. We must not lose sight of the fact that, common usage to the contrary notwithstanding, the term "Doctor" has nothing whatever to do with medicine as such, which is only one out of many faculties that have their acknowledged professors or teachers—"the masters." Some time ago, if we remember correctly, American Medicine deplored the vulgarization of the erm "Doctor," whereby the doctorate of medicine was in danger of being swamped by the number of those styling themselves "Doctor" in virtue of degrees in laws, music, divinity, and other faculties We fancy that the shoe is really on the other foot. It is the vast numbers of Doctors in Medicine who have reversed the ancient position, wherein they formed but a small portion of the doctors in all university faculties. A doctorate really and essentially, in any faculty is a license to teach, and not necessarily carry with it a license to practise. That is why the distinction is still maintained in Great Britain between those who obtain their diplomas from medical colleges, which can grant only a license to practice—not a doctor ate in medicine—and university graduates. The modern supplementary registration of diplomas and licensing system is directly in the line of evolution.

Missouri Graduate Nurses' Association.—A movement is being inaugurated by the Missouri Graduate Nurses Association, of which Mrs. G. M. Gibson, superintendent of the Jewish Hospital is president, to elevate the nurses' calling and improve the status of those who have undertaken its responsibilities. The organization purposes the registration and regulation of trained nurses and the placing of this profession in much the same position relative to the law as that now occupied by physicians.

The Mississippi Valley Medical Association.

THE thirty-second annual meeting of the Mississippi Valley Medical Association will convene at Hot Springs, Ark., on November 6th next and continue three days. The meeting promises to be one of more than usual interest. The principal addresses will be delivered by Drs. Frank P. Norbury and Dr. Florus F. Lawrence; Dr. Norbury delivering the address in Medicine and speaking on "Clinical Psychology," Dr. Lawrence delivering the address in Surgery, his subject being "Surgical Principles and Theories." Aside from these the program gives promise of better than seventy-five



DR. F. F. LAWRENCE,
Columbus, Ohio.

papers, a large proportion being from the authorities, and the range of subjects being so wide as to insure a constant and deep interest in the program.

Of course the meeting being at the Springs it is hardly necessary to say that the social features of the meeting will be strongly accentuated; we all know what the Hot Springs profession does to us when it sets out to give us a good time, and they have all the facilities for successfully doing this, and they are past masters at the game. Science is the object of the meeting, but every man has to breathe so much Arkansas ozone that he will return considerably exhilarated.

Present indications are that the meeting is to be liberally attended, the society is one of the largest of American medical bodies, and it has never been in a more flourishing condition than at present, and the accentuation of the American Association of the desirability of district bodies strikes most of us as meaning approval of just such an institution as the M. V. M. A., for isn't she just a gigantic district medical association?

The Iron Mountain will carry delegations to Springs from this section, and will do the

DR. FRANK PARSONS NORBURY,
Jacksonville, Ill.

courtesies with that intentness that our comfort be absolute that has made the route so popular with the traveling public. Reservations should be made at once. A rate of one and one-third fare on the certificate plan will be in effect.

Hot Springs, the great "National Sanitarium," as it is called, is owned and controlled by the U. S. Government, having been set apart for the treatment of its people in 1832. The government scheme of improvements at Hot Springs has been going on for years. Its income from the water and other rentals has all been spent on the reservation, until now it is one of the most beautiful spots belonging to Uncle Sam, as the accompanying pictures will show.

Following is the preliminary program:

Charles E. Barnett, Fort Wayne, Ind., Operative Necessities for Cure in Tuberculous Orchitis.

J. H. Barnett, Pikeville, Tenn., Gall Stones; Reports of Two Cases.

John M. Batten, Downington, Pa., Strength.

H. M. Beaver, Ocheltree, Kan., Tuberculosis, its Prevention and Treatment as viewed

by the Medical Profession and the Laity—A Special Study.

G. G. Buford, Memphis, Tenn., True Cause of Functional Neuroses.

James B. Bullitt, Louisville, Ky., Appendicitis, the Imperative and the Alterative.

V. P. Blair, St. Louis, Mo., Etiology, Pathology, and Operative Treatment of Deformities of the Face and Mouth Due to Mal-relations of the Jaws.

J. B. Bolton, Eureka Springs, Ark., Some Suggestions of Importance to Organized Medicine.

Geo. F. Butler, Chicago, Ill., Constipation and its Treatment.

A. H. Cordier, Kansas City, Mo., Non-Lithogenous Obstruction of Biliary Ducts.

Geo. C. Flippin, Pine Bluff, Ark., Surgery of the Gall Bladder.

R. D. Garcin, Richmond, Va., The Obstetrical Forceps; their Indications and Contraindications.

W. Gavis, Canton, Ohio, Lithemia.

Frank W. Glenn, Nashville, Tenn., Prevention and Treatment of Gonorrhea.

Howell B. Gwin, Nashville, Tenn., Epididymitis in Patient Presenting Three Testes and Double Penis—Showing Patient.

D. M. Hall, Memphis, Tenn., Report o Case of Acute Toxemia of Pregnancy.

Earl Harlan, Cincinnati, O., Partial Intestinal Obstruction; Its Causes, Symptoms, and Surgical Treatment.

M. L. Heidingsfeld, Cincinnati, O., Paraffin Prothesis; its Histology and other Considerations.

Marc Ray Hughes, St. Louis, Mo., Epilepsy.

C. H. Hughes, St. Louis, Mo., The Entoning of the Psychic Neurones in Neurotherapy and in General Therapeutics.

J. E. Johnson, Memphis, Tenn., Prosthetic Surgery of the Face.

J. L. McGehee, Memphis, Tenn., Stones of the Common Bile Duct.

E. H. Miller, Liberty, Mo., Masked Typhoid Fever.

Frank Parsons Norbury, Jacksonville, Ill., Clinical Psychology.

Wm. Porter, St. Louis, Mo., Tuberculosis; A Personal Appeal.

H. A. Rodebaugh, Columbus, Ohio, An Explanation of the Formation of Drug Habits.

H. J. Scherck, St. Louis, Mo., Bladder Surgery.

John N. Sluss, Indianapolis, Ind., The Diagnosis and Treatment of Brain Traumatisms.

F. D. Smythe, Memphis, Tenn., Volvulus of the Omentum, Intra-abdominal.

W. A. Spitzley, Detroit, Mich., Reasons for the More General Use of Local Anesthetics and the Methods of Employing Them.

Sterling B. Taylor, Columbus Ohio., Hemorrhoids, Post of Treatment.

Madison J. Walton, Memphis, Tenn., Report of Cases of Probable Maternal Impressions.

Willis Walley, Richton, Miss., Typhoid Fever, with Treatment.

W. H. Wathen, Louisville, Ky., Drainage in Surgery of the Gall Bladder and Bile Ducts.

T. J. Watkins, Chicago, Ill., Blunt Dissection in Plastic Gynecologic Operations.

R. W. Webster, Chicago, Ill., Indications for and Effects of Over-feeding and Underfeeding.

T. C. Witherspoon, St. Louis, Mo., Bowel Obstruction.

C. M. Capps, Knoxville, Tenn., Foreign Bodies in the Throat, with Report of Cases.

Wm. Britt Burns, Memphis, Tenn., Head Injuries.

Maynard A. Austin, Anderson, Ind., The Personal Element in Successful Surgery.

W. W. Robertson, McComb, Miss., Periostitis, Surgical Treatment.

Florus F. Lawrence, Columbus, O., Surgical Principles and Theories.

C. N. Harrison, Little Rock, Ark., Modern Medicine

I. H.C. Cook, Hattiesburg, Miss., Typhoid Fever.

Richard A. Barr, Nashville, Tenn., Undescended Testicles.

A. A. McClendon, Marianna, Ark., Report of Case of Amebic Dysentery: Abscess of Liver and Appendicitis.

W. A. McKinley, Columbus, O., Deep Abscesses following Furunculosis.

M. Goltman, Memphis, Tenn., Gall Bladder Diseases and Floating Kidney.

Channing W. Barrett, Chicago, Ill., A Consideration of Retro-versio-flexions in their Relation to Pregnancy.

Geo. F. Suker, Chicago, Ill., Clinical Data —Diagnostic—Concerning Ocular Tumors.

Quitman Kohnke, New Orleans, La., Yellow Fever and Mosquitoes in New Orleans in 1905.

E. G. Epler, Fort Smith, Ark., Specific Treatment of Pulmonary Tuberculosis.

Geo. Homan, St. Louis, Mo., The Danger of Dust as a Cause of Tuberculosis.

Wm. Porter, St. Louis, Mo., The Tuberculosis Question.

C. C. Stephenson, Little Rock, Ark., Trachoma.

John W Selman, Greenfield, Ind., Idiopathic Epilepsy, its Course, etc.

DR. H. E. TULEY, Secretary. DR. J. H. CARSTENS, President. DR. J. R. EASTMAN, Vice-President. DR. S. C. STANTON, Treasurer.

Alex. Weiner, Chicago, Ill., Modern Treatment of Surgical Tuberculosis.

Hugh T. Patrick, Chicago, Ill., Remarks on Combined Degeneration of the Spinal Cord.

M. Rosenthal, Cape Girardeau, Mo., Malaria; its Bearing on Life Insurance in the Mississippi Valley.

Emory Lanphear, St. Louis, Mo., Hyoscine-Morphine-Cactin Anesthesia as a Substitute for Ether and Chloroform in Major Surgery.

E. B. Montgomery, Quincy, Ill., Pubiotomy and its Relative Indications.

S. T. Rucker, Memphis, Tenn., Hysteria; with Report of Case of Hysteria Major in Woman Sixty-four Years Old.

The following have also promised papers: Spencer Graves, St. Louis; T. M. D. Clarke, New Orleans, La.; B. G. Henning, Memphis, Tenn.; Bransford Lewis, St. Louis; F. D. Kendall, Coluumbia, S. C.; J. H Stucky, Lexington, Ky.; Curran Pope, Louisville, Ky.; Robert Wallace Hendon, Chicago, Ill.; D. A. Ledbetter, New Orleans, La.; Wm. N. Wishard, Indianapolis, Ind.; E. D. Fenner, New Orleans, La.; O. H. Elbrecht, St. Louis; Francis Reder, St. Louis; Morgan Smith, Little Rock; Ark.; S. C. Stanton, Chicago, Ill.

The officers of the Association are as follows:

President, J. H. Carstens, Detroit, Mich.

First Vice-President, J. Rilus Eastman, Indianapolis, Ind.

Second Vice-President, H. Horace Grant, Louisville, Ky.

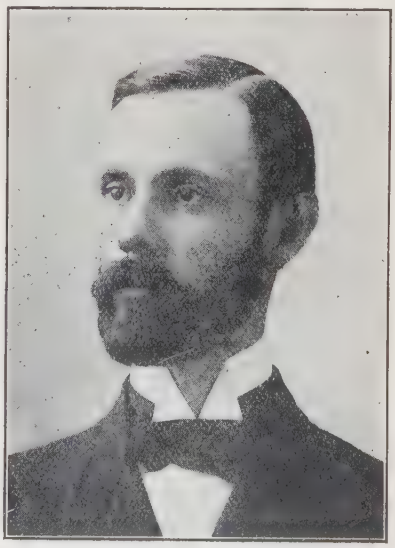
Secretary, Henry Enos Tuley, Louisville, Ky.

Assistant Secretary, J. C. Minor, Hot Springs, Ark.

Treasurer, S. C. Stanton, Chicago, Ill.

Chairman Committee of Arrangements, G. A. Hebert, Hot Springs, Ark.

The next issue of the MEDICAL FORTNIGHTLY will contain the principal addresses, a number of the best papers, and a full record of the transactions.



DR. G. A. HEBERT, Hot Springs, Ark.

DR. JNO. YOUNG BROWN.
St. Louis,
Ex-President, 1898.

THE LATE DR. I. N. LOVE,
President of this Association in 1887
and for many years its
ruling spirit.

DR. EDWIN WALKER,
EVANSVILLE, ILL.
Ex-President, 1903.

Scenes in Hot Springs, Ark.

Reservation, looking southeast. Bath house row. Central Avenue.

Government walk. Bath house row.

In the accompanying portraits will be recognized a few of the history makers of this organization.

THE PARK HOTEL
where the "Deutsches Bumperfest" will be given.

DR. DUNCAN EVE, Nashville
Ex-President, 1899.

The Hospitals of New St. Louis

ST. MARY'S INFIRMARY.

St. Mary's Infirmary was founded by the Sisters of St. Mary, of the Roman Catholic Church, in February of 1877. The building at present occupied by the hosptial at 1536 Papin street, is but lately completed, its foundation was laid in 1887, and the completed building has cost the Sisters $158,000. The institution accommodated 1836 patients during 1905, of which number probably a larger per cent of charity work is included than in the gross work of any other private institution. Dr. W. A. McCandless is surgeon-in-chief to St. Mary's, while the medical work is under the supervision of Drs. F. Neuhoff and E. Bribach.

THE WORM TURNED.—A village doctor whose most troublesome patient was an elderly woman practically on the free list, received a sound rating from her one day for not coming when summoned the night before.

"You can go to see your other patients at night," she said, "why can't you come when I send for you? Ain't my money as good as other people's?"

"I do not know, madam," was the reply. "I never saw any of it."—Lippincott's Magazine.

FOR nocturnal palpitation Dr. Satterthwaite recommends camphor monobromate in one-grain dose, repeated at intervals of two or three hours.

THE French Senate is now considering a National Old Age Pensions Bill. It has been carried through the Chamber of Deputies with the large majority of 512 to five. It provides for the payment of $60 a year to all workers, laborers, artisans, clerks, men and women, over sixty years of age. About 2,900,000 persons will come within this scheme.

GAILLARD'S SOUTHERN MEDICINE.—Dr. W. E. Fitch, owner and editor of Gaillard's Southern Medicine, announces his removal from Savannah, Ga., to New York City, where he will be found at 21 West 97th street. Dr. Fitch has had this move in contemplation for a number of years, and its accomplishment is but the bringing into effect of a definite purpose. The doctor intends that Gaillard's shall continue distinctively a Southern journal, but he will see that his broadened horizon is appreciated by all readers of his journal. Our best wishes to you, doctor!

REPORTS ON PROGRESS

Comprising the Regular Contributions of the Fortnightly Department Staff.

INTERNAL MEDICINE.

O. E. LADEMANN, M. D.

The Diagnosis of Gastric Ulcer.—Weinstein (New York Med. Jour., Sept. 8, 1906) says the diagnosis of gastric ulcer should present no difficulties, as the symptoms are few and characteristic. Frequently, however, these cases are not diagnosed at a stage when treatment may be effective. Ulcers of the stomach when left untreated may result in one of the three following conditions: (1) Severe hemorrhage by rupture of a vessel in the stomach wall. (2) The serosa becoming involved in the ulcerative process may rupture, or, if adhesions to neighboring organs are present, an encapsulated abscess will ensue. (3) Frequently the ulcer extends both laterally and in depth, presenting a funnel-shaped terraced appearance, and it may attain the size of the palm of the hand. Gastric hemorrhage cannot always be prevented, as there are cases where a small and recent ulceration will give rise to severe hemorrhage without any other manifestations of the disease. A gastric hemorrhage may or may not end fatally. Rupture of the stomach and subphrenic abscess are extremely dangerous complications. Chronic ulcer probably never heals completely, and if cicatrization of a large ulcerated surface does take place the contraction of the cicatrix deforms the stomach and seriously interferes with its motor and secretory function. Surgical interference is the only logical procedure in these conditions. In view of these dire results from neglected ulcer, it is imperative that all our energy should be bent toward making an early diagnosis. In the diagnosis of gastric ulcer it must be remembered that its development is very slow, and the only symptoms manifest may be discomfort and painful pressure in the epigastrium after a full meal, which may entirely disappear if the patient takes only a liquid diet. At this stage careful inquiry will disclose the fact that the pain in the epigastrium or back appears, or, if constant, is aggravated after a meal. Physical examination will elicit an epigastric or dorsal pain point or both. If in addition to the foregoing, which by the way, are the most reliable symptoms of ulcer, there are evidences of hyperacidity as expressed in acid eructations, vomiting of sour material, headaches and constipation, then we may safely conclude that the case before us is one of ulcer, and no time should be lost in instituting appropriate measures. It is not necessary to wait for hematemesis to confirm the diagnosis, and we may rest assured that sooner or later this positive symptom will appear if we but wait for it. Hematemesis occurs in about one-third of the cases of ulcer, but it is most always a late symptoms and, therefore, preventable. Absence of hemorrhage is usually the cause of failure to diagnosticate ulcer. There is a train of symptoms in young anemic girls suggestive of hyperchlorhydria, which may be taken for a preulcerative stage. The author's experience in these cases show that sooner or later there develops either an ulcer or fissure at the pylorus followed by pylorospasmus and a mild degree of atony.

Gastric Ulcer and Cancer.—Graham (Boston Medical and Surgical Jour., Aug. 3, 1906) states that in view of the fact that ulcer may, and often does, have a latent period of years, and that cancers with short histories frequently show old ulcer base, it seems just to assume that many, if not all, rapidly developing gastric cancers have found a fertile soil on a previously developed ulcer area. He distinguishes four stages in the development of gastric ulcer and when a cancer develops it is usually in the fourth stage. The symptoms in the first stage of ulcer or pain in the epigastrium occurring from two to five hours after meals, there is an unusually good appetite with nutrition at par or even excessive. The second stage may be established some months later, following several intermissions with recurrences, each increasing more or less in severity; pain is more intense and comes on shortly after eating; appetite is good, though perhaps not above normal. In the third stage the patient is afraid to eat because of distress. Pain, gas, vomiting, sour eructations, burning stomach, etc., are prominent. Perhaps there are obstructive symptoms; loss of flesh is usual and even cachexia may be present. In the fourth or cancerous stage the whole picture is intensified. In his series of cases the males and females ran in proportion of four to one, and ranged in age from 29 to 76, the average being a little over 50. About three-fourths presented themselves for the amelioration of symptoms that had been present for one year or less. In the series of 1905 pain was rather constant, being present in 73. Vomiting was not recorded in eleven histories, three patients stated no vomiting, while 68 complained of it. In 42 the lesion was situated at the pylorus or lesser curvature, in 3 at the cardia. In many of the inoperable cases the lesion was not recorded. Of the whole number operated upon, 67 had

test meals and other routine stomach analysis, chemical and physical. Tumor was present 27 times, and doubtful in 3 more. Dilation was present in 54 and gastric obstruction in 36. In 32 free hydrochloric acid was present, combined in 32, lactic acid in 42, fatty acids in 19, both hydrochloric and lactic in 13. Blood was often found. Figures presented seemed to emphasize that ulcer is the great and fertile soil of cancer of the stomach.

A Contribution to the Study of Spanemic Heart.—Jackson (New York Medical Journal, Aug. 25, 1906) understands by the term spanemic heart as one which, by reason of deficient nutrition of its muscle is dilated or dilatable. He considers the following three varieties: (1) The heart insufficiently nourished on account of anemia. (2) The heart insufficiently nourished because of more or less persistent vasomotor failure, the blood being normal. (3) The insufficiently nourished heart from a combination of blood disease and vasomotor instability. He cites four cases in point. Concerning the treatment he says the first variety calls for the free administration of iron, and whether dilation be present or not, much good follows thorough control of the heart by digitalis or strophanthus during the anemic state. Arsenic is also of value. The treatment of the second class demands not only the use of digitalis, but also direct vasoconstrictors. Ergot and cannabis indica seemed to give good results. The third form calls for cardiac and anemic treatment, and for direct vasoconstrictors as well.

Remarks on Banti's Disease (Splenomegalia and Cirrhosis of the Liver).—Einhorn (Med. Rec., Sept. 1, 1906) gives a full resumé of the history of Banti's disease and publishes eighteen cases which he observed during the last twelve years. He tabulates and considers them into three groups: 1. Pure form; splenomegalia, anemia, cirrhosis of the liver, ascites. 2. Hemorrhagic form, showing in addition to the symptoms just enumerated, gastric and intestinal hemorrhages. 3. Splenomegalia, enlargement of the liver, anemia sometimes associated with grave gastric symptoms. With reference to the treatment, the author says we must consider with which group and stage of the disease we have to deal. In group one and two during the preascitic stage extirpation of the spleen might be considered, as first recommended by Banti himself. The X-ray treatment has offered good results. Gastric hemorrhages should be treated according to the accepted rules; we may be slightly bolder in giving food in these cases. In the ascitic stage little hopes of improvement are to be entertained. Abdominal paracentesis affords but temporary relief, the fluid rapidly reaccumulates, and thus the patients gradually approach their death. It is different in the third group. Here we often meet with cures, not only in the beginning of the disease, but also when the symptoms have advanced. The stomach symptoms should be combated and a strengthening diet is indicated. The administration of sodium iodide with iron and sometimes arsenic is generally followed by good results.

Sternomastoid Breathing.—Chase (N. Y. Med. Jour., Aug. 25, 1906) made a study of sternomastoid breathing in the dying state on 1,500 patients. Sternomastoid breathing consists of an up and down rocking movement of the head synchronous with the breathing, exhibiting itself shortly before death supervenes. This manifestation, which the author designates as a veritable death's call, is due to a strong contraction of the sternomastoid muscles in an effort to facilitate breathing. The duration of this phenomenon varies from one minute to seven hours, the average length of time that it lasted before death was twenty minutes. Chase claims that sternomastoid breathing is a reliable sign of approaching death, and one which may serve the physician in forming an estimate of the length of time the patient may live, without depending on signs of less value; its onset indicates that death is probably very close at hand, generally within half an hour; it is a definite symptom on which the physician may predicate his instructions or advice; that it is a sign to mark the time when the family may be summoned to the bedside.

The Open-Air Treatment of Pneumonia.—Northup (Med. Review of Reviews, Aug. 25, 1906) makes a plea for the wider adoption of cool fresh air as a routine treatment in pneumonia. For more than eleven years he has been treating pneumonia patients by gradually placing their beds nearer and nearer to the open window. His comment regarding the beneficial effects of open air treatment is founded mainly on last year's experience with patients treated out on the roof of the Presbyterian Hospital. His deductions are as follows: The cases most favorably affected by open-air treatment are those with severe poisoning, with delirium, partial cyanosis or deep stupor ('dopey'). In his experience all cases fare better in cool fresh air. Open air may be secured by screening off the bed and a portion of the room next to the window. In his experience no cases of pneumonia have been injured and a few have been much aided; possibly saved, by the cool fresh-air treatment. If pneumonia due to an

infecting agency is benefited by the treatment, one may be easily led to try it for other infectious diseases. As a matter of fact he has tried it for many others, including typhoid with severe bronchitis, whooping cough with bronchitis and convulsions, with excellent results. It seems to him the ideal treatment for all forms of septic fever. The only regulation is to make the patients comfortable, keeping their feet warm especially. The ears, nose and hands may get cold without harm. The Presbyterian Hospital is so convinced of the permanent usefulness of open-air treatment for all infectious fevers, that it has built a roof garden for the children's ward, and is about to build on the main roof of the medical side of the hospital a collossal roof garden. One-half of this has a "horse shed" structure, the shed open to the south, and a liberal space in front, enclosed, like a paddock, for a roof garden. In bad weather the beds of the fever patients are to be wheeled back into the depths of the shed. In good weather they will be advanced to the opening, or even out into the garden. They will remain there night and day, so long as their fever is high. It is an open-air ward.

Vascular Tension in Chronic Illness.—Hare (Amer. Jour. of Med. Scs, Aug., 1906) calls attention to the importance of studying the vascular system in respect to the treatment, diagnosis and prognosis in many diseases. He emphasizes the fact that many medical men still labor under the assumption that an exhausted heart should receive stimulation when in reality it should be given as much rest as possible. The heart is often competent to do its work when the contrary is suspected, if vascular relaxation is overcome, and in such instances active cardiac stimulation is more harmful than advantageous. According to the author's experience the three drugs useful for this purpose are atropin, adrenalin and digitalis There may be distinguished three classes of high arterial tension in relation to cardiac failure: (1) Those in which the spasm result from prolonged nervous stress associated with improper habits of living. (2) Those in which in addition to spasm there is fibroid change in the vessels. (3) Those in which high tension is followed more or less suddenly, by low tension, the arteries resembling veins in their calibre and compressibility. Hare suggests the following rules to clinicians: 1. Cardiovascular stimulants should not be given when careful reflection will show that cardiac relaxants are appropriate. 2. More attention should be paid to protecting the heart from unnecessary labor. 3. If the vessels are properly treated the heart will in many cases take care of itself. 4. The heart should not be stimulated when the aim is to diminish its burden and diminish toxemia.

On the Influence of Rest, Exercise and Sleep on Gastric Digestion.—Friedenwald (Amer. Med., Aug., 1906) reviews the literary aspects on the subject and deducts the following conclusions based on a study of ten investigations of both normal and pathologic subjects: In persons with normal digestive powers it makes but little difference whether the individuals rest, exercise, or sleep after work; though after violent exercise or sleep the gastric digestion is very slightly impaired. In patients suffering with superacidity and subacidity it is best to order rest after meals; after violent exercise or during sleep, the digestion is impaired in these cases. In patients suffering with motor disturbances of the stomach, it is best to prescribe moderate exercise after meals, for rest, violent exercise, or sleep disturbs the digestion under these conditions.

Postcritical Fever and Other Sequela of Croupous Pneumonia.—Talley (Jour. A. M. A., Sept. 8, 1906) bases his article on a study of 325 cases, reporting in detail 18 cases which gave rise to febrile symptoms after the crisis, including among them empyema, abscess, endocarditis and pericarditis, relapsing pneumonia, pleurisy, bronchitis, otitis media and meningitis, parotitis, hemorrhagic nephritis, thrombosis and neuritis, and colitis. The causes, then, he says, of postcritical fever in croupous pneumonia are evidently manifold, and the exact cause can be determined in a given case only by careful and repeated examinations of the patient. Even when such examinations are apparently negative one should be slow in attributing the fever simply to delayed resolution or autolysis alone. The number of small abscesses found in the stage of grey hepatization, post mortem, would incline one to believe that it is not alone the slow resolution, but perhaps more often a varying degree of this purulent tendency, especially in the stage of grey hepatization, that explains the fever. Though the abscesses are usually multiple, one case showed distinctly one small abscess which in itself might have caused the persistence of fever, and it is conceivable that such an abscess may discharge undetected, or, surrounded by an encysting wall, be gradually absorbed and the patient recover without the exact cause of the fever ever being known. Even an encysted empyema, if small, may be hard to demonstrate. The X-ray, he states, is of rather doubtful value in detecting such conditions. It is the common experience of a

thickened pleura in this class of cases that renders the X-ray of less value. It is doubtful if the number of endocardial and pericardial involvements in his series really represents the vast importance that must be attached to this cause as the factor in many fatal cases. One must be alert for this complication, especially in patients who have an old endocarditis or atheroma. The author's cases show that the right side of the heart is by no means free from serious involvement. The development of a systolic murmur may be explained by the anemia well known after penumonia, or by the relative insufficiency due to the weakened heart muscle, but the development also of a diastolic murmur usually means that there is genuine endocarditis, as is proven by autopsies.

The Care of Far Advanced Cases of Pulmonary Tuberculosis.—Bonney (Boston Med. and Surg. Jour., Aug. 30, 1906) elaborates on the treatment of far advanced cases of consumption, emphasizing that the principles applied in the incipient cases, as suitable régime, rest, out-door air, and superalimentation should be all the more adhered to in the advanced cases. The measures which he employs in the advanced stages are the most complete interpretation of the rest treatment and the use of the antistreptococcic serum. Regarding the use of the latter he says: About one case out of every four or five may reasonably be expected to exhibit a pronounced diminution of temperature by the end of a week or ten days. The remaining cases do not show any bad results from its employment, other than those due to the occasional intolerance of the system for the serum of a horse. This so-called reaction, which is independent of the specific nature of the remedy, but common to all other serum preparations, bears no relation to the ultimate results obtained. Some cases show marked improvement in spite of temporary discomfort in the way of chills, fever, uticaria and painful swelling with stiffness of the joints, while others exhibit no improvement, although there is entire absence of constitutional disturbance. Reaction may take place within twelve hours after the use of the serum, or it may be delayed for six weeks. Occasionally the improvement is delayed indefinitely until the occurrence of the reaction, following which there may be complete and enduring subsidence of the fever. As a result of the serum the temperature either may subside to normal or may be reduced several degrees, remaining, however, somewhat elevated. Bonney does not favor its continuous subcutaneous employment, and has given, as a rule, not over four or five doses at intervals of one or two days and waited results. During the past nine months he has practiced the tentative administration of the remedy by the rectum for ten or twelve doses before resorting to its hypodermic use, in order to avoid the discomfort which sometimes follows its injection into the tissues. He has seen unquestionably good results attend its use even when streptococci were not found in the sputum, and believes that even under such conditions the clinical evidences of a persisting sepsis may sometimes afford, from a humanitarian standpoint, a warrantable basis for its use.

THERAPEUTICS.

W. T. HIRSCHI, M.D.

The Absorption of Fat in Pancreatic Diseases —(Hirechstein, Arch for Exp. Pathology and Pharmacology.)—Fats are changed into fatty acid, glycerin, etc., in the intestinal tract, even in the absence of pancreatic secretion and bile. Only the glycerin is absorbed however, and the fatty acids appear in the stools, saponified or combined with alkalies. Other substances must take the place of bile and pancreatic fluid, and it seems as though gastric steapsin and bacteria take their place. Steapsin loses its function in an alkaline medium, and consequently is most active in the stomach and in the lower part of the large intestine, but its action is very mild. Bacteria convert about 9 to 13 per cent of the fat into its component parts. The author removed the pancreas, liver, small intestines and spleen from dogs, and expressed the secretions from them, to determine their power to emulsify fats. He came to the following conclusions: Pancreatic and hepatic expressed fluid is most active from hungry animals. The blood corpuscles are more active than blood serum. The most active is a combination of pancreatic and splenic fluid.

The Treatment of Bronchial Asthma.—Zenlzer (Ther. der Gegenwart, No. 9, 1906) reviews the different causes of bronchial asthma, and lays particular stress on the muscular spasms in the bronchi, and the acute enlargement of the lung tissue. Animal experiments prove conclusively that an irritant applied to the vagus produces an acute pulmonic enlargement and asthmatic attacks. If, however, the animals receive atropine injection previous to the vagus irritation no such attacks are apt to occur, and this suggests the use of atropine in the treatment of asthma.

The vagus irritation plays a most important role in the cause and symptoms of bronchial asthma. The catarrhal affections play a secondary role, which can easily be demonstrated in many cases by the almost complete absence of catarrhal symptoms. One mg. atropin, hypodermic, relieves many cases of asthma in a very short time, and the lungs contract to their normal size. Since hysteric individuals bear atropin very badly we must use it caustiously in these cases, or combine it with morphine. Many nostrums which are advertised for the cure or relief of asthma contain atropin, but it is far preferable to use the drug hypodermic, and regulate the dose more accurately.

Nervous Liver Colic.—(Ewald. Berlin, Ther der Gegenwart.)—The severity of the attack, the seat of pain and the recurrence of the attacks of nervous liver colic cannot be differentiated from those due to gall-stones or organic liver diseases. In females these attacks are apt to occur during menstruation, and other nervous, hysterical or neurasthenic symptoms accompany them. The abuse of alcohol, tobacco and spicy foods often bring on an attack. Jaundice, hepatic enlargement or enlargement of the gall bladder very rarely exist. The treatment of the nervous condition frequently relieves the patient of the colic. Frequently the diagnosis is not made until the surgeon makes an exploratory laparotomy, or the case terminates fatally, and the autopsy reveals the exact condition. The author reports several cases that he diagnosed gallstones, and the following operation failed to show any abnormality about liver, gallbladder or ducts.

Dietetic Treatment of Basedow's Disease.—Alt (Münch. Med. Wochenschrift, No. 24, 1906) obtained splendid results in the treatment of myxedema and Basedow's disease by paying close attention to the diet. The food should contain very little salt, especially if edema is present, or if the heart beat is greatly accelerated. Carbohydrates are not well tolerated and are not well absorbed, and, therefore, it is better to reduce them in the diet. Albuminous substances and fat in the form of milk, cream, butter, ice, meat, eggs and fish are very beneficial. Phosphorus should be administered to balance that lost in the rapid metabolism and eliminated by the kidneys. He reports twelve cases, of which all showed a decided improvement in the subjective and objective symptoms.

Tuberculin in the Treatment of Tuberculosis—with the Report of 167 Cases.—Pogue M ed. Rec., Aug. 4, 1906) from a study of his series of cases draws the followng conclusions: An early diagnosis is the most important step to the successful treatment of tuberculosis. Tuberculosis may be arrested by proper treatment, with a fair certainty of a permanent cure. Tuberculin is a valuable adjuvant in the treatment of tuberculosis, as evidenced by the recovery of twenty-eight out of thirty cases that were treated with practically nothing but tuberculin, while they continued to follow their ordinary occupations during the treatment. Cases of tuberculosis treated with the addition of tuberculin showed far less tendency to recur than did similar cases treated without tuberculin. Tuberculin in small doses (0.1 to .5 mg.) seems to have a more curative action than when given in large and increasing doses. No ill effects follow the administration of small ones of tuberculin. Purely incipient cases improve very rapidly under the use of small doses of tuberculin, both as to the arrest of the disease and the clearing up of the diseased area. Tuberculin should never be given to a patient who has fever or who is suffering from mixed infection. Third stage cases, especially advanced cases, receive little or no benefit from the use of tuberculin.

Ethyl Chlorid as a General Anesthetic.—Hawley (Jour. A. M. A., Aug. 18, 1906) discusses the merits of ethyl chlorid as a general anesthetic. He reviews briefly the literature on the subject and finds that various writers give diametrically different opinions. Hawley states that after several years of more or less constant use of ethyl chlorid both in clinical and in private practice, he has still to see the first case to cause him the slightest fear of uneasiness. He declares that when used with care and understanding he prefers ethyl chlorid to any other anesthetic, in short operations, except, perhaps, nitrous oxid gas. He states that the following precautions should be observed: (1) The patient should be prepared as for chloroform or ether; (2) whatever mask is used it should fit the face snugly; (3) a graduated tube with a large aperture should be used; (4) the anesthetic should be well supplied with air and as little given as possible; (5) care should be taken not to present it at first in too large a quantity, frequently a dram is sufficient for short operations; (6) the patient should rest a while after its administration, as faintness sometimes supervenes; (7) a mask should be used which does not receive the drug close to the patient's face; otherwise one is liable either to freeze the face of the patient, or to cause asphyxia by the moisture from the expired air freezing on the gauze in the mask, and thus preventing the free passage of air to the patient.

GENITO-URINARY.

T. A. HOPKINS, M. D.

Three Ureters Demonstrated During Life; Ureter Catheterization Giving Three Different Urines. One Infected with Gonococci.—Lewis (Med. Rec., Oct., 1906) reports a remarkable case of three ureters in one patient: Three catheters, armed with wire, were successively introduced into the three ureter openings and pushed up toward the renal regions, after which two X-ray photographs were taken, with very satisfactory results. This skiagraph made it evident that the ureter on the right side of the body had no connection with the two on the left side. Those of the left side, after leaving their respective openings at the angle of the trigone, run parallel with one another in following the direction of the pelvic hexagon, and ascended in the manner usually followed by the left ureter. Whether because he did not push it as far as possible or not, one of the catheters ended at a point something like three inches lower than the other. The two ureters instead of maintaining their relative positions, crossed one another in making their ascent. The one starting from the median vesical opening led to the outer side when it reached the flank, while the ureter that started from the outer opening crossed and obtained the median position in the flank. This one was infected with gonococci, the other two having been perfectly healthy.

Urethral Diverticula and Cul-de-Sacs.—Aaronstamm (N. Y. Med. Jour., Oct. 13, 1906) after emphasizing the importance of detecting defects of this class states that the treatment thereof is decidedly simple. It consists in first discovering the precise location of the sac or canaliculus by means of the urethroscope, or if this be not available with a small sound or probe; or a very fine olivary bougie may be used. With the former in position, the lacunar fold is then slit open with a small knife or tenotome throughout its entire extent to the very bottom of the urethral mucosa. Or, after the site of the channel or sac has been located, a urethrotome may be introduced, and by a sweep of the delicate blade the pocket divided Local anesthesia usually suffices to accomplish this result. As soon as the fold of mucous membrane has been severed, this should be followed by the insertion of sounds in ascending sizes until the largest can be conveniently passed, and left in situ for at least ten minutes each time. This must be continued for a week or ten days to prevent the too premature closure or healing of the divided edges or subsequent fibrous contraction, which may ultimately lead to stricture formation. Rarely is the fold of mucous membrane so extensive as to require ablation or removal in toto. The two lateral bands become eventually atrophied and at a level with the urethral canal. Another method that may be utilized consists in the dilatation of the urethra either by means of a urethral dilator or what is still simpler with a pair of ordinary dressing forceps gently introduced and expanded to its utmost limit, provided, however, that the cul-de-sac is not situated too far posteriorly, severing the band by means of a small scissor, and then proceeding in the manner already delineated.

Vesical Tuberculosis.—In a recent address on the subject of vesical tuberculosis before the New York Academy, Pedersen stated (N. Y. Med. Jour., Oct. 6, 1906) that this was a disease of early adult and middle life, more frequent in men than in women, and almost invariably secondary. It was a disputed question whether it was secondary to disease of the kidney or of the genital organs. It was also a mooted point whether infection generally took place through the blood or the lymph vessels. No weight was attached to infection by tuberculous urine or semen. Some authorities stated that the urine maintained its acidity, others that it became alkaline. Pus in the urine denoted a mixed infection. The presence of tubercle bacilli in the urine was the one pathognomonic sign, but failure to find them was not conclusive negative evidence. The diagnosis was difficult in the early stages, but not so later. Pain, frequency of urination, and hematuria were the cardinal symptoms. Cystoscopy would show patchy hyperemia, erosions, or ulcerations. Search should be made for tuberculosis of other organs. A sign of some value was the fact that the bladder was intolerant of mild solutions of silver nitrate, but this was also true of some cases of vesical calculus. Strong solutions acted favorably. It was the consensus that in the early stages the treatment should be mainly hygienic and dietetic. Creosote and guaiacol were good. Instillations were preferred to irrigations as a general thing. When the frequency of urination and the tenesmus could be controlled no longer, the bladder should be drained. Kelly excised the ulcers. The prognosis of vesical tuberculosis was universally conceded to be bad.

Hypospadias.—Stinson (Jour. A.M.A., Vol. xlv, No. 23) describes his method of operating for hypospadias anterior to the scrotum in the following steps: First, he performs an external perineal urethrotomy and inserts a large tube into the bladder so that all the

urine will be drained away, permitting the later plastic operations to heal primarily. Next he corrects the incurvation by dissecting up the urethra and dividing all constricting fibrous bands by transverse incisions so as thoroughly to straighten the organ. The third step is to form a new urethra by taking flaps from the mucous membrane and submucous tissues of the glands, and if necessary from the skin and subcutaneous tissues also. To cover raw surfaces thus left on the glands and body, the hood is utilized. Lastly, the hump and transverse constriction on the upper surface of the body is corrected by making an inch long incision backward through the skin and subcutaneous tissues in the median line. This incision is at right angles to the transverse one made in separating the hood and is made long enough so that when its angle is dissected it can be drawn forward and sutured in the same line and continuous with the stitching of the preputial or transverse incision. This eliminates the convexity by diminishing the anteroposterior measurement of the penis and overcomes the existing lateral constriction in this region by increasing the transverse measurement to the normal condition. Each of these steps is described in detail, and the advantages claimed are: the surgery is done at one sitting, and takes but a short time, healing is durable in two to four weeks, the new canal retains its normal caliber and its coverings remain in their new positions. The preliminary urethrotomy and bladder drainage allow the plastic surgery to heal without the least trouble and the results, Stinson claims, are better than those of any operation hitherto described. The deeper structures are sutured separately and accurately with buried absorbable sutures so as to get perfect union. Sterilized catgut issued for the buried sutures. A short account is given of the first operation thus performed and each step is illustrated.

Anal Fissure in Infants. — Marfan, according to Nouveaux remedes, recommends that before forcible dilatation of the anus is resorted to, one of the two following ointments should be tried:

(1)

℞ Petrolatum..... ℥j
Ext. belladonna..... gr. viiss
Ext. rhatany..... gr. xxx
M. For rectal application.

(2)

℞ Petrolatum..... ℥j
Tannic acid..... gr. xxiiss
Calomel..... gr. ivss
M. For rectal application.— N. Y. Med. Jour.

MEDICAL MISCELLANY

THE RECENTLY ENACTED PURE FOOD BILL.

The profession is so intimately interested in the Pure Food Bill and its enforcement that its reproduction seems desirable.

The following is the full text of the "Act for preventing the manufacture, sale or transportation of adulterated or misbranded or poisonous or deleterious foods, drugs, medicines and liquors, and for regulating traffic therein, and for other purposes":

Be it enacted by the Senate and House of Representatives of the United States of America, in Congress assembled:

"Sec. 1. That it shall be unlawful for any person to manufacture within any Territory or the District of Columbia any article of food or drug which is adulterated or misbranded, within the provisions of this act; and any person who shall violate any of the provisions of this section shall be guilty of a misdemeanor, and for each offense shall, upon conviction thereof, be fined not to exceed $500 or shall be sentenced to one year's imprisonment, in the discretion of the court, and for each subsequent offense and conviction thereof shall be fined not less than $1,000 or sentenced to one year's imprisonment, or both such fine and imprisonment, in the discretion of the court.

"Sec. 2. That the introduction into any State or Territory or the District of Columbia from any other State or Territory or the District of Columbia, or from any foreign country, or shipment to any foreign country of any article of food or drugs which is adulterated or misbranded, within the meaning of this act, is hereby prohibited; and any person who shall ship or deliver for shipment from any State or Territory or the District of Columbia, to any other State or Territory, or the District of Columbia, or foreign country, and having so received, shall deliver, in original unbroken packages, for pay or otherwise, or offer to deliver to any other person, any such article so adulterated or misbranded within the meaning of this act, or any person who shall sell or offer for sale in the District of Columbia or the Territories of the United States and such adulterated or misbranded foods or drugs, or export or offer to export the same to any foreign country, shall be guilty of a misdemeanor, and for such offense be fined not exceeding $200 for the first offense, and upon conviction for each subsequent offense not exceeding $300, or be imprisoned not exceeding one year, or both, in the discretion of the court; Provided, That no article shall be deemed misbranded or adulterated within the provisions of this act when intended for export to any foreign country and prepared or packed according to the specifications or direction of the foreign purchaser when no substance is used in the preparation or packing thereof in conflict with the laws of the foreign country to which said article is intended to be shipped; but if said article shall be in fact sold or offered for sale for domestic use or consumption, then this proviso shall not exempt said article from the operation of any of the other provisions of this act.

Sec. 3. That the Secretary of the Treasury, the Secretary of Agriculture, and the Secretary of Commerce and Labor shall make uniform rules and regulations for carrying out the provisions of this act, including the collection and examination of speci-

mens of foods and drugs manufactured or offered for sale in the District of Columbia, or in any Territory of the United States, or which shall be offered for sale in unbroken packages in any State other than than that it which they shall have been respectively manufactured or produced, or which shall be received from any foreign country, or intended for shipment to any foreign country, or which may be submitted for examination by the chief health, food or drug officer of any State, Territory, or the District of Columbia, or at any domestic or foreign port through which such product is offered for interstate commerce, or for export or import between the United States and any foreign port or country.

"Sec. 4. That the examination of specimens of foods and drugs shall be made in the Bureau of Chemistry of the Department of Agriculture, or under the direction or supervision of such bureau, for the purpose of determining from such examinations whether such articles are adulterated or misbranded within the meaning of this act; and if it shall appear from any such examination that any of such specimens is adulterated or misbranded within the meaning of this act, the Secretary of Agriculture shall cause notice thereof to be given to the party from whom such sample was obtained. Any party so notified shall be given an opportunity to be heard, under such rules and regulations as may be prescribed as aforesaid, and if it appears that any of the provisions of this act has been violated by such party, then the Secretary of Agriculture shall at once certify the facts to the proper United States district attorney, with a copy of the results of the analysis or the examination of such article duly authenticated by the analyst or officer making such examination under the oath of such officer. After judgment of the court, notice shall be given by publication in such manner as may be prescribed by the rules and regulations aforesaid

"Sec. 5. That it shall be the duty of each district attorney to whom the Secretary of Agriculture shall report any violation of this act, or to whom any health or food or drug officer or agent of any State, Territory, or the District of Columbia shall present satisfactory evidence of any such violation, to cause appropriate proceedings to be commenced and prosecuted in the proper courts of the United States, without delay, for the enforcement of the penalties as in such case herein provided.

"Sec. 6. That the term 'drug' as used in this act shall include all medicines and preparations recognized in the United States Pharmacopeia or National Formulary for internal or external use, and any substance or mixture of substances intended to be used for the cure, mitigation, or prevention of disease of either man or other animals. The term 'food,' as used herein, shall include all articles used for food, drink, confectionery, or condiment by man or other animals, whether simple, mixed, or compound.

'Sec. 7. That for the purposes of this act an article shall be deemed to be adulterated—

"In case of drugs:

"First. If, when a drug is sold under or by a name recognized in the United States Pharmacopeia or National Formulary, it differs from the standard of strength, quality, or purity, as determined by the test laid down in the United States Pharmacopeia or National Formulary official at the time of investigation; Provided, That no drug defined in the United States Pharmacopeia or National Formulary shall be deemed to be adulterated under this provision if the standard of strength, quality, or purity, be plainly stated upon the bottle, box, or other container thereof, although the standard may differ from that determined by the test laid down in the United States Pharmacopeia or National Formulary.

"Second. If its strength or purity fall below the professed standard or quality under which it is sold.

"In the case of confectionery:

"If it contains terra alba, barytes, talc, chrome yellow, or other mineral substance or poisonous color or flavor, or other ingredient deleterious or detrimental to health, or any vinous, malt, or spirituous liquor or compound or narcotic drug.

"In the case of food :

"First. If any substance has been mixed and packed with it so as to reduce or lower or injuriously affect its quality or strength.

"Second. If any substance has been substituted wholly or in part for the article.

"Third. If any valuable constituent of the article has been wholly or in part abstracted.

"Fourth. If it be mixed, colored, powdered, coated, or stained in a manner whereby damage or inferiority is concealed.

"Fifth. If it contain any added poisonous or other added deleterious ingredient which may render such article injurious to health: Provided, That when in the preparation of food products for shipment they are preserved by an external application applied in such manner that the preservative is necessarily removed mechanically, or by maceration in water, or otherwise, and directions for the removal of said preservative shall be printed on the covering or the package, the provisions of this act shall be construed as applying only when said products are ready for consumption.

"Sixth. If it consist in whole or in part of a filthy, decomposed, or putrid animal or vegetable substance, or any portion of an animal unfit for food, whether manufactured or not, or if it is the product of a diseased animal, or one that has died otherwise than by slaughter.

"Sec. 8. That the term 'misbranded,' as used herein, shall apply to all drugs, or articles of food, or articles which enter into the composition of food, the package or label of which shall bear any statement, design, or device regarding such article or the ingredients or substances contained therein which shall be false or misleading in any particular, and to any food or drug product which is falsely branded as to the State, Territory, or country in which it is manufactured or produced.

'That for the purposes of this act an article shall also be deemed to be misbranded.

"In case of drugs :

"First. If it be an imitation of or offered for sale under the name of another article.

"Second. If the contents of the package as originally put up shall have been removed, in whole or in part, and other contents shall have been placed in such package, or if the package fail to bear a statement on the label of the quantity or proportion of any alcohol,morphine,opium, cocaine,heroin, alpha or beta eucaine, chloroform, cannabis, indica-chloral hydrate, or acetanilid, or any derivative or preparation of any such substances contained therein.

"In the case of food :

"First If it be an imitation of or offered for sale under the distinctive name of another article.

"Second. If it be labeled or branded so as to deceive or mislead the purchaser, or purport to be a foreign product when not so, or if the contents of the package as originally put up shall have been removed in whole or in part and other contents shall have been placed in such package, or if it fail to bear a statement on the label of the quantity or proportion of any morphine, opium, cocaine,heroin, alpha or beta eucaine, chloroform, cannabis indica,

chloral hydrate, or acetanilid, or any derivative or preparation of any such substance contained therein.

"Third. If in package form, and the contents are stated in terms of weight or measure, they are not plainly and correctly stated on the outside of the package.

"Fourth. If the package containing it or its label shall bear any statement, design, or device regarding the ingredients or the substances contained therein, which statement, design, or device shall be false or misleading in any particular : Provided, That an article of food which does not contain any added poisonous or deleterious ingredients shall not be deemed to be adulterated or misbranded in the following cases :

"First. In the case of mixtures or compounds which may be now or from time to time hereinafter known as articles of food, under their own distinctive names, and not an imitation of or offered for sale under the distinctive name of another article, if the name be accompanied on the same label or brand with a statement of the place where said article has been manufactured or produced.

"Second. In the case of articles labeled, branded, or tagged so as to plainly indicate that they are compounds, imitations, or blends, and the word 'compound,' 'imitation,' or 'blend,' as the case may be, is plainly stated on the package in which it is offered for sale : Provided, that the term 'blend' as used herein shall be construed to mean a mixture of like substances, not including harmless colorings or flavoring ingredients used for the purpose of coloring and flavoring only : And provided further, That nothing in this act shall be construed as requiring or compelling proprietors or manufacturers of proprietary foods which contain no unwholesome added ingredient to disclose their trade formulas, except in so far as the provisions of this act may require to secure freedom from adulteration or misbranding.

"Sec. 9. That no dealer shall be prosecuted under the provisions of this act when he can establish a guaranty signed by the wholesaler, jobber, manufacturer, or other party residing in the United States from whom he purchases such articles, to the effect that the same is not adulterated or misbranded within the meaning of this act, designating it. Said guaranty, to afford protection, shall contain the name and address of the party or parties making the sale of such article to such dealer, and in such case said party or parties shall be amenable to the prosecutions, fines, and other penalties which would attach, in due course, to the dealer under the provisions of this act.

"Sec. 10. That any article of food, drug, or liquor that is adulterated or misbranded within the meaning of this act, and is being transported from one State, Territory, District, or Insular Possession to another for sale, or, having been transported, remains unloaded, unsold, or in original unbroken packages, or if it be sold or offered for sale in the District of Columbia, or the Territories, or Insular Possession of the United States, or if it be imported from a foreign country, for sale, or if it is intended for export to a foreign country, shall be liable to be proceeded against in any district court of the United States within the district where the same is found, and seized for confiscation by a process of libel for condemnation. And if such article is condemned as being adulterated or misbranded, or of a poisonous or deleterious character, within the meaning of this act, the same shall be disposed of by destruction or sale, as the said court may direct, and the proceeds thereof, if sold, less the legal costs and charges, shall be paid into the Treasury of the United States, but such goods shall not be sold in any jurisdiction contrary to the provisions of this act or the laws of that jurisdiction : Provided, however, That upon the payment of the costs of such libel proceedings and the execution and delivery of a good and sufficient bond to the effect that such articles shall not be sold or otherwise disposed of contrary to the provisions of this act, or the laws of any State, Territory, District, or Insular Possession, the court may by order direct that such articles be delivered to the owner thereof. The proceedings of such libel cases shall conform, as near as may be, to the proceedings in admiralty, except that either party may demand trial by jury of any issue of fact joined in any such case, and all such proceedings shall be at the suit of and in the name of the United States.

Sec. 11. The Secretary of the Treasury shall deliver to the Secretary of Agriculture, upon his request from time to time, samples of foods and drugs which are being imported into the United States or offered for import, giving notice thereof to the owner or consignee, who may appear before the Secretary of Agriculture, and have the right to introduce testimony, and if it appear from the examination of such samples that any article of food or drug offered to be imported into the United States is adulterated or misbranded within the meaning of this act, or is otherwise dangerous to the health of the people of the United States, or is a kind forbidden entry into, or forbidden to be sold or restricted in sale in the country in which it is made or from which it is exported, or is otherwise falsely labeled in any respect, the said article shall be refused admission, and the Secretary of the Treasury shall refuse delivery to the consignee and shall cause the destruction of any goods refused delivery which shall not be exported by the consignee within three months from the date of notice of such refusal under such regulations as the Secretary of the Treasury may prescribe : Provided, That the Secretary of the Treasury may deliver to the consignee such goods pending examination and decision in the matter on execution of a penal bond for the amount of the full invoice value of such goods, together with the duty thereon, and on refusal to return such goods, for any cause to the custody of the Secretary of the Treasury, when demanded, for the purpose of excluding them from the country, or for any other purpose, said consignee shall forfeit the full amount of the bond : And provided further, That all charges for storage, cartage, and labor on goods which are refused admission or delivery shall be paid by the owner or consignee, and in default of such payment shall constitute a lien against any future importation made by such owner or consignee.

"Sec. 12. That the term 'territory' as used in this act shall include the insular possessions of the United States. The word 'person' as used in this act shall be construed to import both the plural and the singular, as the case demands, and shall include corporations, companies, societies, and associations. When construing and enforcing the provisions of this act, the act, omission, or failure of any officer, agent, or other person acting for or employed by any corporation, company, society, or association, within the scope of his employment or office, shall in every case be also deemed to be the act, omission, or failure of such corporation, company, society, or association as well as that of the person.

"Sec. 13. That this act shall be in force and effect from and after the first day of January, nineteen hundred and seven."

THE MEDICAL FORTNIGHTLY

A Cosmopolitan Biweekly for the General Practitioner

The Medical Fortnightly is devoted to the progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to physicians, and to this end, in addition to a well-selected corps of Department Editors, it has secured correspondents in the leading medical centers of Europe and America. Contributions of a scientific nature, and original in character, solicited. News of Societies, and of interesting medical topics, cordially invited.

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The Medical Fortnightly will not be discontinued at expiration of ubscription, as many of our readers prefer not to have their files broken on account of failure to remit. Unless we receive a distinct request to discontinue, and payment for all arrearages, this magazine will not be discontinued.

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Editorial offices in St. Louis and St. Joseph, where specimen copies may be obtained, and subscriptions will be received.

Contributions and books for review should be addressed to the Managing Editor, 319 and 320 Century Building, St. Louis, Mo.

CONSTIPATION IN CHILDHOOD.—Dr. E. S. McKee, of Cincinnati, advises the following treatment in a child two or three years old, suffering from chronic constipation: Massage eight to ten minutes morning and evening over the course of the colon. Give juice of half an orange and a glass of water or vichy immediately on rising. For breakfast I would advise oatmeal with cream, dried bread and butter, one egg, half a glass of milk, with cream and water added; for dinner, soup, one starchy vegetable (for example, potato with cream) and one green vegetable, beefsteak, baked apple, prunes, dried bread and butter, and water; for supper, cream toast, one egg, dried bread and butter or graham crackers, half a glass of milk with cream and water added; and suppositories of aloin, etc., at bed-hour. The well-known aloin, strychnia, and belladonna comp. pill divided into pills of one-fifth the ordinary strength, are very valuable in the treatment of constipation in children, repeating the pill one, two, or three times a day as necessary. In the constipation of sucklings a change in the diet of the mother may be tried, or from one to three teaspoonfuls of cream may be given before each nursing. In artificially-fed children, the top milk with cream should be fed. Water, barley-water, or oatmeal will sometimes obviate the difficulty. As laxatives, simple syrup, manna, olive-oil, castor-oil, or fluid magnesia may be sufficient. A conical piece of soap inserted into the rectum is sometimes sufficient, as is even a thermometer if inserted at regular intervals. In infants after the fifth or sixth month costiveness is an indication for the introduction of starchy matter into the diet. The daily injection in infants of warm soapsuds by means of a soft-bulbed ear-syringe, or of glycerine gtt. xv-xx in a teaspoonful of water is very successful. The following may be given:

℞ Magnes. oxidi.....
Sacch. lactis.... ...aa 0.50 or gr. vijss

Put a piece of flaked manna in each bottle of artifically-fed infant's food. Ten drops of syrup of figs, 2-4 drops of fluid extract of cascara sagrada, a pinch of salt in the bottle, the addition of Mellin's food to the diet, twice-daily massage, the addition to each bottle of milk of 2-4 gr. phosphate of soda, an increase in the proportion of cream, Tarrant's seltzer aperient, 10 grains in the milk, a little milk of magnesia added to the milk or water—these are usually successful, one or all, used in consecutive order.—Buffalo Medical Journal.

THE ALIENIST AND NEUROLOGIST for November will contain, besides the usual number of selections, reviews, notices, etc., the following: The Non Reason Founded Phobias of Neurasthenia—Coitus Interruptus and Coitus Reservatus as Causes of Profound Neuroses and Psychoses—Is Specialism a Psychic Advance or a Retrogression—The Mystery of our Knowledge of Good and Evil, Its Zenith and Its Nadir—Illinois Procedure in Marriage Annulment for Prior Insanity—Psychiatry and Neuriatry in the Medical Press — Mixoscopia — Erotic Symbolism—The Morbid Imagination of our Sunday Newspaper Illustrators— Military Interference with Rational Army Sanitation—The Bicycle and the Auto Brain—All Minds Look Alike to St. Louis Police—Fools not all Dead Yet—Longevity Among Harvardians—Sensible View of a Newspaper on Psychotherapy —Trephining in Epilepsy—Railway Validating Tyranny—Death in the Palace Car—Proprietary Prescribing--Dr. Mangan's Medal of Honor. And many others of equal value to the neurologist and psychologist and to the practitioner in general who aspires to do the best for his patients.

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Just as Good.—Please send me one-half dozen pounds of Abbott's saline laxative as soon as possible. I use it all the time. I have tried others claimed to be "just as good," but they do not "fill the bill."—Dr. D. S. Bradford, Janesville, Ia.

My wife has been a sufferer with chronic eczema for the past twelve years. It first appeared on one side of her face and gradually extended over her body. I tried every remedy that I could find recommended in medical literature and by eminent authorities without any permanent results, but with about two months treatment with resinol ointment I have obtained an effectual cure.—W. R. Hinkle, M.D., Holland, Ark.

Diseases of the Liver.—Carabana, by stimulating biliary circulation, prevents the stagnation of the toxic and irritant poisons resulting from the last stages of intestinal digestion. Also acting as an antiseptic where the deficient biliary secretion cannot be rendered normal. Then, too, it modifies catarrhal conditions of the biliary apparatus. It is consequently of great benefit in hypertrophy of the liver, inflammation of the bile ducts, congestion and in many chronic liver lesions usually considered incurable.

Vitogen.—It is now some years since vitogen was first presented to the profession and the claim made that it should prove the ideal surgical dressing, it being strongly antiseptic, odorless, non-irritating, non-poisonous and at the same time stimulating while its oily character, a feature unusual to powders of its class, made it a decided protection to wound surfaces. It is safe to say that no physician who has given it a thorough trial has failed to verify to his entire satisfaction that these claims were founded justly and this explain the tremendous popularity of this agent with the profession. It is easily one of the most important of the G. F. Harvey Co's. specialties and one which should be well known to every progressive physician.

Cactus as a Heart Tonic.—Cactus admits of more general application than digitalis. It is especially useful in cases of cardiac weakness associated with defective nutrition and consequent extreme irregularity or aggravation of the action of the heart, but it should be avoided if such action is due to temporary nervous excitement; in such cases gelsemium soothes the excitement and allows the heart to regain its normal condition. Cactus acts as a cardiac sedative and lowers the temperature in fever associated with cardiac depression or when collapse is threatened. When, however, the temperature is subnormal cactus restores it more rapidly than strychnine.—Nouveaux Remedier Abstract in Lancet.

Typhoid Fever—Report of a Case.—(By J. F. Crouthamel, M. D., Souderton, Pa.). —In June, 1903, Prof. R. S , who resides in a distant Pennsylvania city, came to the home of his parents for a vacation, and in a few days was stricken with typhoid fever. The case, which proved rather severe, was treated in the usual manner with intestinal antiseptics, etc. On account of the spread of the intestinal inflammation, as shown by marked tympanites, I applied a thick dressing of antiphlogistine to the entire belly wall. Within a few hours after the application the temperature commenced to drop and experience soon taught me that by putting on a fresh dressing every twenty-four hours, it apparently exercised considerable control over the temperature. The treatment, external and internal, was persisted in, and the patient made an uneventful recovery. I am certain the action of antiphlogistine was responsible to a considerable degree for the decline in temperature, and that it also reduced the blood pressure on the heart.—The Bloodless Phlebotomist.

The Children's Laxative—Cascarenna a Sweet and Pleasantly Flavored Preparation —Exactly What the Practitioner Needs.—In his perplexity of choosing just the laxative or purgative he wants for a child, particularly for an infant, the physician will find that cascarenna affords a most satisfactory solution of the question. Cascarenna has several commendable properties that other laxative compounds do not possess. It is agreeable to children, being sweet and pleasantly flavored. There is no difficulty in getting them to take it, a point that mothers and nurses appreciate thoroughly. It is a happy combination of well tried laxatives and gentle purgatives; hence it is not an experiment to prescribe cascarenna for the first time. It does not gripe or derange the digestive system; and owing to the presence of cascara sagrada it has a tonic laxative action that imparts to it double value in the treatment of the constipation of infancy and childhood. Finally, cascarenna is a thoroughly efficient and reliable therapeutic agent, from which the practitioner may confidently expect the most satisfactory results. Each fluidounce of carsarenna represents: Cascara sagrada, 40 grains; senna, 120 grains; potassium and sodium tartrate, 24 grains; chenopodium, 8 grains; pumpkin seed, 8 grains; sodium bicarbonate, 4 grains. Agreeably flavored with aromatics. The dose for a very young infant is 5 to 10 drops; a child one year old may take 10 to 20 drops; older children 20 drops to one teaspoonful, according to circumstances. Cascarenna is prepared by the well-known house of Parke, Davis & Co., which is a guarantee of its reliability.

Battle & Co., of St. Louis, have just issued pamphlet No. 11 in their interesting series on "Intestinal Parasites," a copy of which will be mailed to any physician upon request.

Dr. Budd, of Frankford, Ky., says: Don't neglect local treatment in diphtheria. A fifty per cent solution of hydrogen peroxide sprayed into the throat every hour has proved a most satisfactory treatment in my hands.

His First Patient's Remains.—The small son of a doctor recently had another small boy staying with him. Contrary to all rules and regulations they betook themselves to the consulting room and began to play there. The small guest, opening a door, beheld with horror and shrank back from—a skeleton. "Cowardy, cowardy," said the doctor's son. "'Tisn't anything to be afraid of." "But what is it?" the other gasped. "Oh, just old skellington. Papa's had it a long time. I fink it was his first patient."

The Park Hotel.—This famous hostelry at Hot Springs, Arkansas, is now booking for the social season, with all the new appointments indicated by the demands of a discriminating public. "The Park," under the management of that prince of hotel men, Mr. J. R. Hayes (formerly of the Grand Hotel, Mackinac Island), has taken a place in the front rank of American hotels, and with its beautiful new grill rooms and cafe, amusement hall, gymnasium, dancing pavilion, observation tower, sun parlors, and roof garden, certainly leaves nothing to be desired by the traveller or pleasure seeker. "The Park" is operated upon both the American and European plans, and at most reasonable rates, considering the superb accommodations and excellent cuisine. Delegates to the Mississippi Valley Medical Society should reserve rooms at "The Park" in advance to secure the best, and avoid confusion on arrival at the Springs. "The Park" is open all the year, and its guest list is composed of the best people who travel. For information write to J. R. Hayes, Hot Springs, Ark.

The Necessity of Iron to the Pregnant Woman.—It is universally conceded that the administration of iron in pregnancy is now made expedient by the development of an anemia which is usually foreign to non-pregnant subjects, and which, at one time, was an uncommon occurrence even in the case of the child-bearing. During pregnancy, the appetite is invariably immoderately capricious and there is a disposition to gratify the palate by partaking of those foodstuffs which have been rendered fictitiously attractively to the partial, or by the complete, exclusion of the more simple and nutritious viands. While such indulgences must inevitably contribute to the development of anemia, it was not until the modern table supply, consisting almost wholly of such victuals as hot breads, highly spiced refrigerated meats, artificially colored canned goods and pastries, was made the rule with the masses as well as the classes, that anemia of pregnancy became the rule and not the exception. In addition to the inadequate food supply which is now current, the anemia of pregnancy is rendered more widespread by the style of dress imposed by society upon women in all the walks of life. Furthermore, the blood depletion of prospective mothers of the present day is materially increased through the abandonment of outdoor exercise on account of a false sense of modesty. In view of the fact that the health of a woman in the pregnant state, and the proper development of her unborn, is always directly dependent on a blood stream that is qualitatively and quanitatively sufficient for the exigencies of pregnancy, the administration of iron is made distinctly needful by the artificialities inseparably associated with modern life. In selecting the form of iron to be administered to pregnant women, the utmost discrimination should be exercised. That form of the drug which is most easily assimilated and proves most acceptable to the palate is the one which should be employed. This injunction is made for the reason that the nausea which is incident to the pregnant state must not be increased, and for the further reason that constipation must not be induced by the drug. Again, the nutritive processes must be held at the proper standard,and this cannot be done in the absence of a painstaking selection of the iron to be administered. Pepto-Mangan (Gude) is the ideal form of iron for these cases This contention has the support of logic. The hemoglobin-imparting properties and the nutritive potency of the preparation are confessedly greater than those of any other form of iron. Then, too, pepto-mangan (Gude) is more readily absorbed and more completely assimilated than any other preparation of iron. Still further, pepto-mangan (Gude) produces no untoward effect upon the mucous surfaces of the alimentary tract, nor does it encourage constipation or increase nausea. In addition to overcoming the anemia and the deficiencies of nutrition, pepto-mangan (Gude) adds tone to the blood vessels and reduces to a minimum the softening of the heart walls which always attends the pregnant state. Certainly one of the most gratifying effects of pepto-mangan (Gude) is the increase of physical strength and buoyancy of spirits which the prospective mother derives from its administration. That the unborn participate in the benefits derivable from pepto-mangan (Gude), there can be no doubt, for at birth they present unmistakable evidences of physical robustness and seem well fortified against those illnesses which are peculiar to infanthood. It is also a matter of common observation that the roborant action of pepto-mangan (Gude) enables the mother better to bear the strain of parturition.